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| W:\GRAPHICS\LOGOS\EBP\EBP Logo.jpg | Education Establishment: Brymore Academy  Contact Name: Helen A Bradford  Telephone Number: 01278 652369  Block Placement Dates: From: 26th – 30th June 2017 |

**EBP 2 - WORK PLACEMENT FORM**

**IMPORTANT! Please ensure this form reaches Somerset EBP at least:**

* 16 weeks prior to start of placement for London placements
* 12 weeks prior to start of placement for Out of Area placements
* 7 weeks prior to start of placement for Somerset EBP/Connect South West placements

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| **STUDENT DETAILS:** | | Gender: M | | Tutor Group: | |
| First Name: | | Surname: | | Date of Birth: | |
| Pre 16  X | | Post 16 🞏 | |  | |
| **EMPLOYER DETAILS:** | | Company Name: | | Contact Name: | |
| Address:    Postcode: | | | | | |
| Telephone No: | | | Mobile/Direct Line: | | |
| Email Address: | | | Supervisor: | | |
| **WORK EXPERIENCE JOB TITLE:**  **BRIEF DESCRIPTION OF DUTIES:** | | | | | |
| Start Time: | Clothing Arrangements: | | | | |
| Finish Time: | Lunch Arrangements: | | | | |
| **Please note that weekend placements or placements occurring outside of term time will not be approved** | | | | | |
| **In order for a placement to be approved all companies taking a student on work experience MUST have Employer’s Liability Insurance (E.L.I) and Public Liability Insurance (P.L.I)** | | | | | |
| **Employer’s Liability Insurance Details:**  Insurance Co:  Policy No:  Expiry Date: | | | **Public Liability Insurance Details:**  Insurance Co:  Policy No:  Expiry Date: | | |
| **As a representative of the above employer, I agree to the student named above working on my premises. We confirm that:**   * **students on work experience will carry out meaningful work as described in an agreed job description** * **we will ensure that the work will be planned by a responsible person and that the student will receive appropriate induction, instructions, and supervision at all times during the work experience placement** * **for new placements we agree to a visit from a placement assessor who will assist us in setting up a meaningful and safe placement and advise us with regard to any specific legal requirements and duties such as child protection, young people at work etc.** * **If the placement has been used before we agree to abide by the Letter of Understanding that was signed during the placement assessor visit.**   **We recognise that any student on work experience is regarded as an employee for the purposes of Health and Safety legislation and our associated duty of care** | | | | | |
| Name (printed): | | | Position: | | |
| Signed: | | | | | Date |

**Upon completion please return this form to the school work experience coordinator as soon as possible. In order for us to be able to approve the placement in time we would be very grateful if all sections of the form are fully completed. Thank you.**

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| **EDUCATIONAL ESTABLISHMENT:**  **The above details are completed in full and correct to the best of my knowledge and this is an appropriate placement for the above student**  (It is the educational establishment’s responsibility to ensure that this is an appropriate placement for the student and that the employer is aware of any medical, behavioural, or learning needs that the student may have.) | |
| Name (printed): Helen A Bradford |  |
| Signed: Helen A Bradford | Date 12.09.2016 |