

Sixth Form Work Experience 2025								
Name								
Form								
Post-18 aspiration								
	Please indicate your plans for the week.							
Outline how your plans for this week fit with your post-18 aspirations.	MONDAY 30/							
	TUESDAY 1/7							
	WEDNESDAY 2/7							
	THURSDAY 3/7							
	FRIDAY 4/7							
Student								
signature								
Parent								
signature								
Tutor								
signature								

## WORK EXPERIENCE – PARENT/CARER and STUDENT DECLARATION

If undertaking in-person work experience an employer participating is asked to confirm that they have Employer and Public Liability Insurance that covers a student on work experience. Under health and safety law the student is regarded as an employee of the work experience provider for the duration of the placement. As such, the employer has the same responsibilities for the health, safety and welfare of the student as it does its other employees. Parents/students are however required to disclose any medical conditions or additional needs the student may have to enable the employer to ensure the health, safety and welfare of the student during the placement. Failure to disclose any medical conditions or additional needs may jeopardise the success of the placement and could invalidate your child's insurance cover.

## PARENT/CARER DECLARATION:

As Parent/Carer of the student named above, I confirm that I am happy for my child to undertake their planned activities during Futures Week. I accept responsibility for them during the week. This includes when not on site of



the activity e.g. lunch /travel to and from the activity. I also undertake to ensure that they adhers to the stipulated conditions.

Please delete as appropriate\*:

I confirm that they do/do not\* have any medical condition that could result in unnecessary risk to their health and safety or to the health and safety of another person whilst undertaking work experience. I will ensure my child will follow all the COVID 19 mitigations put in place.

My child has the following condition(s) \*\*:

Whilst undertaking work experience this means that they will/might need the following assistance support:

Parent/Carer Signature:

Date:

\*\* Please also indicate if your child regularly takes any medication that needs to be brought to the Workplace/activity.

## STUDENT DECLARATION:

As the student named above, I confirm that I have read and understood the job description/event outline. I agree to follow all safety, security and other instructions, given by the employer or event organiser, both written and verbal (including any included in the Risk Assessment). I also undertake not to disclose any information confidential to the employer without the employer's approval and will not utilise social media in an unprofessional way.

Student Signature:	Date:
Student Name (please print):	

WORK EXPERIENCE - PLACEMENT FORM							
The Student must return this fully completed form prior to commencing their placement							
Section A (To be completed by the Student)							
School: Hinchingbrooke Sixth Form	Tutor Group:						
Student's Name:	Date of Birth:						
Student's Home Telephone Number:	Mobile No.:						
Name of Company/Employer/Placement:							
Dates of placement							



Student Signature	Date						
Section B (To be completed by the Employer)							
Name of Company							
Name of Company Contact	Position						
Company Address							
Email:	Tel No: Daytime/Mobile						
Date of Work Experience - Start:	Finish:						
Type of Business:	No. of Employees:						
Employers' & Public Liability Insurance cover are bot	h required for work experience.						
Does your company have Employers' Liability Insurance: Yes/No	Name of Insurer:						
Policy No:	Expiry Date:						
Public Liability Insurance: Yes/No							
Health & Safety Policy: Yes/No	Written Risk Assessments: Yes/No						
Are the company premises registered with the enforcing authority	? (e.g. HSE or District Council): Yes/No						
If the student is to be based in a different location to the company address please give details:							
Job title and brief description of duties:							
Start time: Finish time:							
Please confirm that you have Risk Assessments in place for the duties that students will be asked to complete.  Yes/No							
Please list any prohibited or restricted tasks, areas or work equipment:							
Are there any relevant learning/behavioral difficulties, disabilities or medical health conditions that would stop							
a young person working in your environment? Yes/No (If 'Yes', please indicate what these are)							



Employer Signature		
Date		
Print Name		
Position		

## **Additional Guidance on Safeguarding: Child Protection Policy**

For adults working with young people, particularly those still of compulsory school age, it is important to be aware of potentially difficult situations. To ensure that the work experience placement offers a secure and productive environment for both ourselves and the student, employers should follow the simple guidance outlined below:

**TOUCH** – There may be occasions when you need to touch a young person (e.g. only when guiding them in carrying out a technical operation) but these should be kept to a minimum.

**BEHAVIOUR** – whilst it is important to reassure a young person who may be nervous and will be particularly reliant on your guidance, you should avoid being over familiar. Never permit 'horseplay' which may cause embarrassment, fear or either party being uncomfortable.

**INTERNET** – ensure young people are not able to access unsuitable websites or send/receive inappropriate emails whilst in the workplace.

**TRAVEL** – ensure that there is a known destination and check-in times with a third party in situations where a young person will be travelling alone with an adult during the placement. It is a good idea to make available a mobile phone (or equivalent) in such situations

**MENTOR** – care should be taken over the choice of staff having daily responsibility for young people. Those placed immediately in charge of young people should be competent in their work role, mature in their attitudes, and yet, at the same time, be at ease with young people

**ENVIRONMENT** – where possible avoid being on your own in an isolated or closed environment with a young person.

**DISCLOSURE** – occasionally young people may disclose confidential information to a work colleague that gives rise to concern for their physical or emotional safety. In such situations you should speak to your line manager and share your concern with the school's designated safeguarding children/child protection person.

**DISQUALIFICATION** – you are reminded that you are required by law to protect children from harm and that employees are required, under the Criminal Justice and Court Services Act 2000, to declare if they are disqualified from working with children