



wildernschool

## EXPERIENCE OF A WORK PLACE

Students to find placements for 2 consecutive days.  
Either Monday 19<sup>th</sup> and Tuesday 20<sup>th</sup> June 2023  
or Tuesday 20<sup>th</sup> and Wednesday 21<sup>st</sup> June 2023

### TO BE COMPLETED BY THE EMPLOYER

**STUDENT'S NAME:**

**DATES OF  
PLACEMENT:**  
(2 consecutive days -  
please see above)

**COMPANY NAME:**

**ADDRESS:**

**POST CODE:**

**CONTACT NAME:**

**POSITION:**

**EMAIL ADDRESS:**

**TELEPHONE NUMBER:**

**MOBILE NUMBER:**

**PLACEMENT TITLE:**

**TYPE OF WORK:**

**HOURS OF WORK:**

**LUNCH/BREAKS:**

**DRESS CODE:**

**TUTOR:**

I confirm that I have Employers Liability Insurance and agree to a Health and Safety check being undertaken by Wildern School. As a representative of the above employer, I agree to a Wildern student working on company premises and I acknowledge our responsibilities under the Health and Safety at Work Act. The student's age and inexperience will be taken into account when agreeing tasks. I consent to having the above information stored securely on a database.

**Signature:** .....

**Date** .....

(P.T.O. FOR PARENTS/STUDENT AGREEMENT)



## EXPERIENCE OF A WORK PLACE

<b>STUDENT'S NAME:</b>	<b>TUTOR:</b>
<b>DATES OF PLACEMENT:</b> (2 consecutive days)	

### TO BE COMPLETED BY THE STUDENT

I agree to take part in this work placement programme. I also agree to hold in confidence any information about the employer's business that I may obtain during this work period and not to disclose such information to another person without the employer's permission.

I agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

I agree to attend my placement as required and follow the dress code appropriately. If I am ill or unable to attend I will advise both the Employer and Wildern School promptly.

**Student's Signature:** .....

**Print Name** ..... **Dated:** .....

### TO BE COMPLETED BY THE PARENT/GUARDIAN

As a parent/guardian of this student, I confirm that I have read and understood this form and agree to him/her participating in this programme. I also confirm that s/he is medically fit to undertake the placement.

I have considered and accept responsibility for how my son/daughter will get to the placement and home again each day and the cost involved.

**Parent/Guardian's Signature:** .....

**Print Name** ..... **Dated:** .....

**Once completed, this form should be returned to:**

Mrs J O'Leary, Careers Office, Wildern School, Wildern Lane, Hedge End,  
Southampton, SO30 4EJ. Email: [careers@wildern.org](mailto:careers@wildern.org) Tel: 01489 783473.