



wildernschool

EXPERIENCE OF A WORK PLACE

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

TO BE COMPLETED BY THE EMPLOYER

STUDENT'S NAME:

TUTOR:

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:

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)



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EXPERIENCE OF A WORK PLACE

STUDENT'S NAME:	TUTOR:
DATES OF PLACEMENT: (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 Tel: 01489 783473.