

Work Experience Placement Form 2024



This form should only be completed if you have arranged a work experience placement and the employer has confirmed the placement is available to you.

PLEASE USE BLOCK CAPITALS

To be completed by the pupil

Pupil Name _____ Tutor Group _____

You MUST give all employers' details and attach copies of any letters received from them.

Employer's name & date contacted _____

How did you contact the employer? By letter by telephone in person by email

Who arranged this placement? Parent Friend You Other _____

Area of work (e.g. clerical, sales, engineering): _____

To be completed by a parent/carer

I agree to the above pupil undertaking the above placement from Monday 5th to Friday 9th February 2024.

I understand that a placement will only be approved if

- all relevant information is provided by the employer by 15th January 2024 and
- the Designated Safeguarding and Health & Safety Lead at Longfield Academy approves the placement.

I confirm that I have provided all the relevant health information overleaf.

I understand that if a placement is not approved by Longfield Academy my child must not attend.

I understand that if a placement is not approved, Longfield Academy will support my child in sourcing an alternative placement. If it is not possible to arrange an alternative placement then my child will attend school as normal.

Signed: _____ parent/carer

Print name: _____ Date: _____

Medical information - to be completed by a parent/carer

Pupil name: _____

I confirm that the pupil named above has the following allergies and/or medical conditions:

For which the following prescribed medication is needed
(please also state dosage):

Any other information which the employer should be made aware of :

I understand that Longfield Academy may have to pass on both medical and behavioural information to the employer to protect both my child and the workplace. I agree to inform Longfield Academy if there are any changes to the information provided.

In order for my son/daughter to take part in their work experience I give permission for this and any other relevant information to be shared with the work placement provider.

Signed: _____ Parent/carer

Date: _____

Completion of this form does not imply that the placement will go ahead; all placements must meet health and safety standards and have insurance.