

Barking & Dagenham Trident

Student's 'own contact' for work experience



School Improvement Partnership

For use by students who have organised their own unpaid work experience placement.

- Please complete this form in full and return it to your school as soon as possible.
- Please ask your 'Own Contact' employer to complete the employer's section overleaf. It **must** include the employer's signature confirming the offer of a placement to you.
- Please advise your employer that an appointment to visit will be made by Barking and Dagenham Trident or the organisation responsible for managing work experience in their local area.

This section to be completed by Student

Dates of Work Experience From: 1 st June 2020 To: 12 th June 2020		Student's School: Eastbury School	
		Form Group:	
Student's name.	Miss/Mr	Date of Birth:	
Are you known by another first name? If so, please advise:			
Is your contact: (please indicate)	A relative?	A family friend?	Neither?

Supplementary Information to be completed by Student and Parent/Carer

Own contact choice: Please note that Work Experience is designed to be an *experience* of work, and due to high student demand in some employment sectors, students who arrange their own placements **are far more likely to experience a work environment closer to their career ambitions**. This opportunity will have a job description describing the key tasks, Health and Safety control measures etc sent to you in due course.

Parent/Carer, please briefly state why you believe that this Own Contact is suitable for the student

Please provide the placement organiser with the following information to enable them to contact you if they have any concerns:

Student name and address	
Home telephone number	
Student mobile number	
Parent/Carer mobile number	
Email address	
Please include any relevant health problems, medication etc. This is essential to avoid possible cancellation of the placement at a later date due to non-disclosure of health/medical conditions.	

I agree that my son/daughter may be placed for Work Experience. Once placed, I understand that changes cannot be made. I give my consent for appropriate and necessary data relating to my son/daughter to be shared with the placement provider and other relevant agencies.

Student

Signature Name (Printed) Date

Parent/Carer

Signature Name (Printed) Date

This section to be completed by the Employer – Please complete and return to student (please print clearly).

Details of organisation offering work experience

Name of organisation:	
Type of organisation/business:	
Work placement address:	
Correspondence address if different from above:	
Contact Name:	Supervisors name:
Contact' Telephone Number/s:	E-mail address*:

* An email address is important for Barking and Dagenham Trident to reduce unnecessary visit paperwork, however please note that your email address will ONLY be shared with the students allocated to you for work experience, and the teacher assigned by the school to monitor the placement.

Type of placement offered, e.g. office, sales, warehouse	
Outline of tasks that the young person will be carrying out: <i>A more detailed job description will be discussed during the pre-placement visit that Barking and Dagenham Trident/local work experience provider will arrange with you in due course.</i>	Student's job Title:

Is the placement definitely agreed?	Yes/No	Will you consider taking further students placed by Barking and Dagenham Trident? *	Yes/No
Does your Company already offer work experience placements to students at school?			Yes/No
If Yes, which organisation do you work with? (if known)			
Is the placement in addition to a commitment already made to your local work experience provider?			Yes/No

Employer Liability Insurance (ELI)*	Yes/No	Copy of ELI attached	Yes/No/emailed
Policy Number:	Expiry Date:		Insurance Company:
I am happy to confirm the offer of work experience to the above student**			
Signed:	Name:	Date:	
For and on behalf of:			
(Company name)			

* It is a requirement of employers offering work experience placements that they *must* have **Employer*** Liability Insurance. *This includes family run business which are registered as **Limited** companies.* If possible, please email a copy of the current, in-date certificate to: BarkingandDagenhamTrident@BDSIP.co.uk. Visual confirmation will be required by the visiting organisation if a copy is not provided, or if the insurance has expired.

Please note that Public Liability Insurance, and Professional Indemnity Insurance is **NOT** Employer Liability Insurance.

**If you are happy to consider further students for work experience, we will advise you of a suitable student via email or letter, but we will not require any further signature from you as signing this form includes your acknowledgement of all future work experience students.