

Fulford School YR10

WORK EXPERIENCE AGREEMENT

Student / School

Name: Date of Birth:
 Age: Years Months Gender:
 School/College contact: Miss Sarah Birkby Tutor Group:
 Telephone (School): 01904 633300 Emergency Name/Contact Number (Parent/Carer):

HEALTH / OTHER RELEVANT INFORMATION: *Please indicate any medical condition(s) or other information that employers should be aware of (e.g., colour blindness, hearing difficulties, dyslexia, asthma, eczema, epilepsy, criminal record, involvement with the Youth Offending Team etc.). Do not leave blank – if none, write 'none'.*

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As the named student (above) I agree:

To take part in this work experience scheme. To hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission. To obey 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 relevant personal information being shared with the employer, NYBEP work experience team and Health & Safety Officers.

Signed..... Date.....

Employer

Employer:
 Address:
 Postcode:
 Contact Name:
 Contact Telephone:
 Mobile:
 Email:

Dates: 19th April – 23rd April 2027

Placement Job Title:
 Job Description:
 Hours of Work:
 Lunch:
 Clothing:
 Important Info:

As representative of the employer I agree to the student named above working on my premises in accordance with the Letter of Understanding (below). I will arrange for my Employer's Liability insurance to cover against accident or injury

caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the student in the same way as for paid employees.

ELI will be valid for the duration of the entire placement. *Please complete details below:*

Insurance Company	Policy Number	Expiry Date on our system	Expiry Date

Employer Signature _____ Name _____ Date _____

LETTER OF UNDERSTANDING FOR THE EMPLOYER PROVIDING A WORK EXPERIENCE PLACEMENT

Placement records are stored online on our secure work experience database (www.nybep.work-experience.co.uk). Information held: employer contact details, placement information, health and safety details and Young Persons' Risk Assessment. NYBEP's work experience team and School-based Coordinators use the system to access the H&S information for their students' placements. Students have a low-level access to the database to search for ideas for their placements. Schools are strictly told that the employers and placements are not guaranteed, but a list of those who have taken students in the last 4 years. Data is held for 10 years from placement, after which it will be securely deleted. By signing this Work Experience Agreement Form the employer gives permission for the educational establishment or its representatives to process employer personal details for the purposes of work experience, in accordance with the Data Protection Act 2018. Learners' personal details are confidential and should be safeguarded in accordance with the Data Protection Act 2018. If you would like to discuss this further please contact the Work Experience Team on 01904 567616 / workexperience@nybep.org.uk

The learner will carry out meaningful work, as described in the agreed job description. The employer will ensure that the work will be planned by a responsible person and the learner will receive appropriate instruction and supervision during the work experience. The employer understands that the learner is to be treated as an employee with respect to health and safety legislation. The employer will ensure that the learner does not operate any hazardous machinery, or carry out work of an unsuitable nature, and that any protective clothing/equipment is supplied when necessary with appropriate instruction for its use. Any animals that may cause harm to a learner will be appropriately restrained.

The employer understands his/her duty of care to the learner on the work of placement, particularly in respect of child protection.

The employer understands that s/he must carry out a risk assessment of the placement and this must be communicated to the parent/carer of the learner who is to undertake the placement before the placement commences. The employer also undertakes to monitor the placement in the light of the learner's capabilities and to modify the risk assessment if necessary.

The employer will arrange for Employers' Liability Insurance, Public Liability Insurance, and vehicle insurance, as appropriate, and will confirm that the learner on the work experience placement is covered by the appropriate policies. The employer will accept, or insure against, liability for loss, damage or injury caused to or by the student, while on the placement, just as for paid employees. The employer will notify their insurer of the learner's participation in work experience.

The employer will observe the relevant legislation laid down in the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Equality Act 2010.

NYBEP complies with Government guidance on managing risk in relation to the prevention and transmission of Covid-19.

In case of learner absence, accident or sickness, the employer will immediately notify the school. The learner will be allowed to use whatever first aid facilities the employer provides.

The employer will allow representatives from the appropriate educational establishment to visit the placement for monitoring purposes. The learner will not receive any payments for this work. However, the employer may choose to make a contribution directly to the learner towards the cost of meals and travelling. Details will be included in the job description.

The learner will work the hours shown on the agreed job description. These must conform with employment regulations as they apply to young persons.

Parent / Carer

As parent/carer of the learner I confirm that I have read the placement details and I am willing for him/her to participate in work experience with the employer for the agreed period of time. I also confirm that s/he is medically fit to undertake the placement. I confirm that if s/he leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the school for any incident that may occur. I understand that NYBEP will pass on relevant information to the employer/Health and Safety Officers so they can provide a suitable experience and do everything reasonable to protect the health, welfare and safety of students. Information will be stored securely in compliance with the Data Protection Act 2018 for the duration of participation in NYBEP programmes and afterwards for the statutory term set by Local Authorities, 10 years. After this all information is securely destroyed.

Signed:	
Name:	
Date:	