

Barking & Dagenham Trident Student's 'own contact' for work experience (incorporating Work Experience Employer Self Assessment and Job Description – WX1 (Part 1)).



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 below and 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 the organisation responsible for managing work experience in their local area unless the employer is already supporting their programme.

Section to be completed by Student

Dates of Work Experience: From: 23.04.19 To: 03.05.19		Student's School: Eastbury Community School	
Student's name: Miss/Mr (please delete)		Tutor Group:	
Are you known by another first name? If so please advise:			
Date of Birth:			
Is your contact: (please indicate)	A relative?	A family friend?	Neither?

WX1 Part 1 - Section to be completed by the Employer – Please complete and return to student

Details of organisation offering work experience

Name of organisation:	
Work placement address:	
Telephone Number:	E-mail address:
Contact Name:	Supervisors name:

Is the placement definitely agreed? Yes/No	Will you consider taking further students from Barking and Dagenham? Yes/No
Type of organisation/business:	
Type of placement offered:	
Does your Company already offer work experience placements through a work experience provider?	Yes/No
If Yes, which organisation do you work with?	
Is the placement in addition to a commitment already made to your local work experience provider?	Yes/No

Aims and objectives of placement:	
Tasks that the young person will be carrying out: <i>Please give a general outline of the student's duties.</i>	After training, risk assessment, and with supervision the student will have the opportunity to learn about and undertake some or all of the following activities (Please continue overleaf if necessary):

Tasks contd....	
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It is a requirement of employers offering work experience placements that they must have Employer Liability Insurance. Please confirm your Company has this and if possible, attach a copy:-

Employer Liability Insurance	Yes/No	Copy of ELI attached	Yes/No
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)			

Supplementary Information to be completed by Student and Parent/Carer

Placement Choice: Please note that Work Experience is meant to be an experience of work. This opportunity has a job description describing the key tasks, the days and hours of work, requirements for the job, dress code and the Health and Safety control measures covering the opportunity, which will be 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 best look after your son/daughter and be able to contact you if they have any concerns:

Student name	
Home address and post code	
Home telephone number	
Student mobile number	
Parent/Guardian mobile number	
Email address	
Please include any relevant health problems, medication etc	

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).....TG..... Date.....

Parent/Carer

Signature.....Name(Printed)..... Date.....