

## APPLICATION/CONSENT FORM FOR SELF-CANVASSED WORK EXPERIENCE PLACEMENT

**TO THE LEARNER:** It is your responsibility to ensure that all sections of the form are completed and signed. If any parts are incomplete your application cannot be accepted.

**MESSAGE TO PLACEMENT PROVIDER:** If you are reading this message then a learner has approached you to request a work experience placement. This is a valid approach and has the support of the school. If you can offer a placement, please complete the 'Placement Provider' section below. In due course you will be contacted by a placement assessor to complete a placement assessment. They will also ask to see your Employers Liability Insurance, a statement of risk assessment and other matters relating to health and safety. Assuming these are all in order the placement will go ahead. Thank you for your help and support.

### Work Experience Dates

From: 07/07/2025 To: 11 / 07/2025 (inclusive)

Total No. of days: 5

### Learner Details:

Name (PRINTED): \_\_\_\_\_ D.O.B: DD / MM / YYYY

School Name: \_\_\_\_\_ Year Group: \_\_\_\_\_ Age: \_\_\_\_\_

### Placement Provider Details:

Business/ Organisation Name:	Contact Name (PRINTED):
Address:	Contact Number:
	Contact Mobile:
Postcode:	Email Address:

Brief details of the type of work experience placement e.g types of activity/activities the learner will be involved in:

-

Employers Liability Insurance Provider:	Are you a sole trader? YES NO
Policy Number:	
Expiry Date:	

## LETTER OF UNDERSTANDING FOR WORK EXPERIENCE

To ensure that the implications of the work experience scheme and arrangements between the firm or organisation providing work experience and Educational Services are fully understood I would like to set out the following essential points:

1. To comply with the Management of Health and Safety at Work 1999 regulations, firms or organisations providing work experience are required to assess the risks associated with the pupil being on work premises. Students are covered for the period of work experience by the company's Employer's Liability Insurance and the insurers will be notified by the employer prior to the commencements of work experience.
2. An experience of work will be open equally to all students regardless of gender, race, disability and cultural or religious beliefs. The employer will ensure no student is treated in a discriminatory manner by reason of the above mentioned.
3. At the start of work experience, Employers will provide students with a health and safety induction, which will include workplace hazards and their control, fire, emergencies, first aid, accident reporting and security arrangements.
4. The pupils will be carrying out meaningful work during their period of work experience. The work will be supervised by a responsible person and the pupils will be given appropriate instruction before and supervision whilst participating in any activity. The firm or organisation providing work experience will ensure that the pupil is not required to operate any hazardous machine, to work in any hazardous environment, or to carry out work of an unsuitable or objectionable nature. The business/organisation will take responsibility for ensuring the pupils welfare. The business/organisation aim to supply any special or protective clothing required by the pupil whilst performing the task or advise the pupil they need to supply it themselves prior to the work experience placement.
5. Students will work no more than 40 hours per week and normally between the hours of 7.00 and 19.00. Young workers are usually entitled to a 30 minute rest break (*preferably continuous*) if they work more than 4.5 hours. In any event the employer confirms there will be compliance with the relevant provisions of the Working Time Regulations.
6. A member of staff from the school may, if necessary, contact or visit the students during the work experience week(s). Please allow the staff to access the work premises if required.
7. In case of an accident, sickness or absence, the business/organisation providing work experience will notify, by telephone and without delay, the pupil's school, and the pupil's home (*see learner emergency contact details on following page*).
8. The firm or organisation will comply with its legal obligations under the Data Protection Act and the Employment of Young Persons and Work Experience as defined in the Education Act 1996, at all times.

Please be advised by signing you are hereby agreeing to the letter of understanding and providing a placement.

<b>Placement Provider Signature:</b>	<b>Parent/Carer Signature:</b>
<b>Name (PRINTED):</b>	<b>Name (PRINTED):</b>
<b>Date: DD / MM / YYYY</b>	<b>Date: DD / MM / YYYY</b>

## PLACEMENT PROVIDER– LEARNER INFORMATION

### Learner Parent/Guardian Emergency Contact Details

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to learner: \_\_\_\_\_ Relationship to learner: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

### Medical Conditions

Do you suffer from: Migraines YES/NO Epilepsy YES/NO Diabetes YES/NO Asthma YES/NO  
Hearing issues YES/NO Allergies YES/NO Mobility Problems YES/NO

Are you on any medication: YES/NO if 'yes' please state: \_\_\_\_\_

Dietary requirements:

Any other medical condition not stated above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### School Contact Details

Name of School: Ormiston Maritime Academy

Contact Name: Miss Thornton

Contact Number(s): 01472 310015

Email Address: thorntonv@omacademy.co.uk

### Work Experience Placement Assessor(s)

Company Name: Ormiston Maritime Academy

Name(s): Miss Thornton Mrs Murdoch

Contact Number(s): 01472310015

Contact Email: [thorntonv@omacademy.co.uk](mailto:thorntonv@omacademy.co.uk) [murdochs@omacademy.co.uk](mailto:murdochs@omacademy.co.uk)

Learner Signature:	Placement Provider Signature:
Name (PRINTED):	Name (PRINTED):
Date: DD / MM / YYYY	Date: DD / MM / YYYY

**\*\*THIS FORM IS TO BE RETAINED BY THE PLACEMENT PROVIDER\*\***