October 2024

**Work Experience Placement**

I would like to take this opportunity to thank you very much for offering a Work Experience Placement for one of our Year 10 students during the week commencing Monday 30th June to Friday 4th July 2025.

The purpose of the Work Experience is to provide students with an insight into the world of work and explore a particular career interest. The opportunity to undertake a one-week placement with your organisation will be a valuable experience for students and will support their studies here at West Bromwich Collegiate Academy.

The students will have a Work Experience Diary to record and reflect on their activities. We would be grateful if you could complete the short Employers Report section at the end of their placement.

Please find an Additional Information form enclosed. I would be grateful if you could complete the required details and return this form to us by e-mail to [careers@wbca.shirelandcat.net](mailto:careers@wbca.shirelandcat.net) or to this address:

***FAO Careers Lead (Work Experience)***

***West Bromwich Collegiate Academy***

***Kelvin Way***

***West Bromwich***

***B70 7LE***

In the meantime, if you have any further questions, please do not hesitate to contact us.

Once again, thank you for your support with the Work Experience Programme.

Yours sincerely,

Miss J Adams Mr M Smith

**Careers Lead Assistant Principal**

**Year 10 Work Experience 2025**

**Please complete both sides of this form with details of your Work Experience Placement.**

**Work Experience Dates: Monday 30th June – Friday 4th July 2025**

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| **Student Details** |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Form Group:** \_\_\_\_\_\_\_\_\_\_  **Emergency home contact whilst student is on placement:**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| ***Additional Needs / Medical / Allergies***  If the student has any specific learning or medical requirements that the employer needs to be aware of, please list them below. |
| ***Student Declaration***  *I agree to take part in this Work Experience programme. I also agree to hold in confidence any information about the employer’s business which I may obtain during this work period and not to disclose any such information to another person without the employer’s permission. I also agree to observe all safety, security and other regulations in place by the employer and made known to be either by the employer’s representatives or by displayed instructions.*  **Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Parent / Carer Declaration***  *As parent/carer of the student named above I agree to his/her taking part in this Work Experience Programme and undertake that he/she will observe the conditions set out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form being shared with the employer*  **Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Company Details** | | | | |
| **Name of Company:** | | | **Contact Name:** | |
| **Address of Placement:** | | | | |
| **Contact Number:** | | | **Direct Line:** | |
| **Contact Email:** | | | | |
| *For Health & Safety Verification of this placement please complete the Employers Liability Insurance (ELI) details below. Without ELI the placement cannot be approved.* | | | | |
| **Insurance Company** | **Policy Number** | | | **Expiry Date** |
| ***Employer Declaration***  *As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Act and Work Experience Guidelines.*  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position in Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Job Title and Duties:** Please use this space to give a brief description of duties the student will perform on their placement. | | | | |
| **Days to be Worked:** | | **Hours to be Worked:**  Start:  Lunch:  Finish: | | |
| **Lunch Arrangements:** | | | | |
| **Dress Code / Clothing Requirements:** | | | | |
| **Additional Information:** | | | | |