

Work Placement Selection Form

B&E Together Ltd
Dearne Valley College
Manvers Park
Wath Upon Dearne
Rotherham S63 7EW
01709 513380



The email address to return electronic forms to is: richard.jones@be-together.co.uk

<u>STUDENTS SECTION</u> SCHOOL:	Tutor Group/Form:
Your Work Experience Dates:	Tutor:

Your NAME:	GENDER: M / F	DATE OF BIRTH:
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ADDRESS:	
Postcode:	TELEPHONE:

Your PLACEMENT SELECTION: Please select 3 'JOB SECTORS' ONLY from the options below.			
Retail	Practical & Manual	Engineering & Manufacturing	Sports & Leisure
Business Admin	Hair & Beauty	Education	Health & Social Care
Hospitality & Catering	Animal Care	Motor Vehicle	

TRAVEL: Travelling to work placement is very important. It can severely limit our options finding you a placement if you are unwilling to travel. Tell us how you will get to your work placement from the options below.

Bus	Train	Car
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Please tell us your last Primary School:

STUDENT COMMENTS: <i>These questions help us to find you a suitable placement.</i> Please tell us about any hobbies, interests and activities you do outside of school:

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Please tell us what you hope to gain from your Work Experience.
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As the student named above, I agree to take part in the work experience scheme.

Signed: _____

Name: _____

Date: _____

PARENT/CARER'S SECTION

- 1) **PLEASE NOTE THAT** Work Experience is meant to be an experience of work that is interesting and enjoyable and is **not** intended to be training for a particular career or job.
- 2) **Hours of work – Travelling/Fares – Lunches** Are shown on the Job Description and indicate hours permitted to work including weekend working, travel arrangements and lunches. Also tasks involved in the role and any Personal Protective Equipment needed. Including safety boots (to be provided by student unless stated)
- 3) **Please note lunchtimes may be unsupervised.**
- 4) **Reporting absence** – It is the Student's/Parent's/Carer's responsibility to contact the **School and the Employer** if your son or daughter is going to be absent for any reason whilst on placement.
- 5) **Reporting accidents/incidents** – It is the responsibility of the Parent/Carer to contact either the School or B&E Together about accidents or incidents.

In order for the risk assessment to be carried out according to your son/daughters' specific needs this section MUST be completed and returned to school.

Please indicate whether your son/daughter has any of the following health conditions. Please indicate in the box below any other conditions which may affect their work placement.

COLOUR BLINDNESS	YES
IMPAIRED SIGHT	YES
HEARING DIFFICULTIES	YES
ASTHMA	YES
ECZEMA	YES
EPILEPSY	YES
ALLERGIES (incl food)	YES

Please indicate any other condition or information that you feel may be of importance:

As a parent/carer, I agree to my child's **JOB SECTOR** and **TRAVEL** choices and agree to him/her undertaking Work Experience.

Signed: _____ Name: _____ Date: _____

TEACHER'S SECTION

- 1) **Reporting absence** – The school will inform the employer and B&E Together of any absence as soon as it is known and by any meaningful way available.
- 2) **Risk Assessments/Safe systems of Work** – The school must provide any relevant medical and educational details that may affect the risk assessment in the section below.
- 3) **Review** – The school will visit/contact the provider by whichever means appropriate on at least one occasion during the work experience period. B&E Together will notify the employers that this will be carried out at a convenient time and the school will contact them directly.
- 4) **Reporting accidents/incidents** – It is the school's responsibility to inform the Principal Health and Safety Officer, Corporate Health and Safety section.

Student Aptitudes:

Attendance	Excellent		Good		Misses occasionally		Misses frequently	
Punctuality	Excellent		Good		Late occasionally		Late frequently	
Relationships	Excellent		Relates Easily		Acceptable		Lacks confidence Over confidence	
Appearance	Excellent		Good		Acceptable		Poor	
Attitude/Demeanour	Excellent		Good		Occasionally difficult		Resents authority	
Literacy/Numeracy	Excellent		Good		Moderate		Needs Assistance	

Please identify any information regarding individual students' needs, which may impact upon their health, safety and welfare whilst on placement:

Signed: _____

Name: _____

Date: _____