

## **Work Placements Contract**



### **THE SCHOOL - We agree to:**

- Set outstanding expectations of behaviour.
- Provide an orderly, secure and happy environment in which students can enjoy their activities.
- Encourage students to always do their best, and to make constructive use of their talents.
- Listen to and respond to parents' concerns and anxieties.
- Keep parents informed about updates before the trips and the extra opportunities available for your child to participate in.
- Try to increase students' awareness of how students represent themselves in the community.
- Be active in responding to all forms of bullying, both verbal and physical.
- Expect students to follow instructions immediately to ensure the safety of all concerned.
- Deal with all incidents of poor behaviour using the school's behaviour policy and subject to further sanction upon our return to school.
- If students should cause any damage to the business they are working within, we will cover the cost in situ, but parents will be liable for 100% of the costs on return.
- A risk assessment will be carried out by the Education Business Link.
- The school will provide you with a contact name for a member of staff whom you can contact at all times and in case of emergency.
- The school will provide you with full details of the placement.
- The child will be immediately removed from the placement should the employer request us to do so, due to poor behaviour. Future placements will be at the discretion of the school.

### **THE PARENTS - I/We agree to:**

- Ensure that my/our child attends their extended work placement, on time, dressed and equipped properly for their job role.
- Inform the school and workplace, before 9:00am on the day of the placement, if my child is unwell and unable to make it to the workplace.
- Inform the school of any concerns or problems which might affect the work, welfare or behaviour of my/our child.
- Encourage my/our child to make the most of the educational opportunities offered on the placement.
- Should any damage occur, I am/we are aware that 100% of total costs incurred by damage and paid by the school in situ will be re-paid upon my/our child's return home from the placement.
- Accept that should my/our child's behaviour warrant a return home, 100% of total costs incurred and paid by the school will be re-paid upon my/our child's return home from the placement.
- I have taken into consideration that I may need to seek our own insurance to cover my child whilst he/she is working in the extended work placement as no liability will be placed upon the employer or the school.

**Signed** \_\_\_\_\_ **(Parent(s)/Carer(s))** **Date** \_\_\_\_\_

### **THE STUDENT - I agree to:**

- Represent my school with outstanding behaviour and attitude.
- Treat others with courtesy and consideration, respecting individual differences and allowing others to be safe
- Treat the placements property and hired property (activity and safety equipment, furniture, buildings and grounds) with care
- Carry out tasks and activities offered to me, whilst on placement, with enthusiasm.
- Always adhere to confidentiality agreements and do not discuss any confidential information outside of the placement.
- Be punctual.
- Remember that bad language and public overfamiliarity can be offensive to others.
- Respect my environment by not dropping litter and tidying up after myself to ensure high standards of safety and courtesy.
- Let the school or parents/carers know if there are any issues or if you need assistance with any part of your work placement.

**Signed** \_\_\_\_\_ **(Student)** **Date** \_\_\_\_\_



**PARENTAL CONSENT & CONFIRMATION OF PLACEMENT (Year 10)**

Please return once a placement has been found to Mrs. Beath, Careers Adviser  
To be completed and returned by Friday 28 January 2022 at the very latest. Thank you.

Name of Student: ..... Tutor Group: .....

I/We give permission for my son/daughter to take part in the Work Experience  
Placement Programme

Signature of Parent/Carer .....

Print Name.....Dated.....

Has your son/daughter a medical condition which should be considered when choosing a  
work experience placement? **YES/NO**

If YES, please give  
details.....

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**Placement Confirmation – \*All Details to Be Completed Please**

\*Name of Employer .....

\*Contact Name at Workplace for EBL  
check.....

\*Employer Address  
.....

.....

\*Employer Postcode .....

\*Employer Phone Number .....

\*Employer E-Mail Address .....

\*Name of Student Offered Placement.....

\*Any special requirements e.g., uniform, safety equipment required to be worn

Y/N.....