

Bury Church of England High School

Year 11 Work Experience Programme 2016/17

STUDENT APPLICATION FORM

This form should be completed neatly in black ink and signed by your parent/guardian and the employer offering you your placement. It must be **completed and returned to Mr Daniel-Sam (Head of PSHCE), by Friday 16th December 2016** for you to proceed with the work experience process.

Please note: Placements may only begin after 23rd June when the last GCSE exams have finished.
 Any queries regarding this form should be directed to Mr Daniel-Sam. Email: h.daniel-sam@burychurch.bury.sch.uk
 Tel: 0161 797 6236

Student Name				Form Group	
Date of Birth	DD / MM / YYYY	Male / Female			
Home Address			Home Tel. No.		
			Mobile No.		
Post Code		Email Address			
Emergency Contact Name					
Emergency Contact Telephone Number					
Relationship to Student					

List the subjects you are studying	Which three subjects do you like most?

List any interests or hobbies you have	List any achievements you have, such as music exams, Duke of Edinburgh Award, School Awards/Roles etc.

List any Saturday jobs, after school/ holiday jobs or voluntary work you have had or are doing	

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PARENT/GUARDIAN – please complete this section

Please indicate below any medical condition/s and/or special needs this student has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment. e.g. Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties. Failure to notify us of any condition could put the student at risk.

PARENT/GUARDIAN – please complete this section

Please indicate how your child will be travelling to their Work Experience Placement each day.

PARENT/GUARDIAN AGREEMENT – to be signed by parent/ guardian

I agree to the above student undertaking work experience. I agree to the placement as outlined by the employer below. I understand this information will be held by Bury C of E High School. I have provided relevant medical information above. I understand that parents/guardians have responsibility for safety whilst the student is travelling to and from the placement. I understand that I must inform the employer and school of any absence during the work placement. I understand that the employer has responsibility to ensure that so far as is reasonably practicable all necessary health and safety measures will be taken during the placement and will share risk assessment information with me and that the employer will be checked by Bury C of E High School.

Parent/Guardian Signature

Date

DD / MM / YYYY

IMPORTANT NOTE TO STUDENT:

On placement you must observe all health, safety, security and other rules laid down by the employer and made known to you verbally, in writing, or by displayed instruction and hold in confidence any information about the employer's business that you may obtain during the placement and not to disclose such information to any other person without the employer's permission.

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WORK EXPERIENCE PLACEMENT INFORMATION – Employer section

This form tells the school that you have offered a place to this student. Please complete the form and sign it, so that we know that this is a real placement offer. Please return this to the pupil requesting work experience and the school will contact you to confirm the placement shortly after. Thank you.

Name of organisation offering placement			
Address			
Postcode		Telephone No.	
Contact's Name		Contact's Job Title	
Contact's Email Address			
Placement job title and description of work placement offer			
Placement start date	DD / MM / YYYY	Placement end date	DD / MM / YYYY

Placement Confirmation			
I confirm that the student named above has been offered a placement with me/us for the dates stated. I understand I/we will need Employer Liability Insurance in place for the period the student is with me/us. I understand that I/we will be contacted by Bury C of E High School to discuss the placement in further detail.			
Employer Signature		Date	DD / MM / YYYY
Employer Name		Employer Job Title	