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**WORK EXPERIENCE PLACEMENT APPLICATION FORM**

**Brockington College** 2017/2018

**START DATE: 9 JULY 2018 END DATE: 14 JULY 2018 TUTOR GROUP...…………….………**

**STUDENT DETAILS**

Male Female

First Name ………………….…….… Surname ………………………….……….. Date of Birth ........../……..../….......

Home Address ………………………………………………………………………. Postcode ……………….................

Tel Number ………………………………… Email Address …………………………………………………...……………

**SELF PLACEMENT FORM**

A self placement is compulsory for: **DANCE, MEDIA, THEATRE, UNIFORMED SERVICES** and **NHS HOSPITALS**. Please **DO NOT** put these as a choice below as we will be unable to find you a placement and this will delay your application!

\* A self-placement is also advised if you would like a **Design/Creative** role.

**WORK EXPERIENCE CHOICES**

**\* SPORT AND LEISURE: Compulsory swim test for placements**, details of the swim test are in the student directory.

Please choose **at least 2 sectors** below and **number them 1 for first choice and 2 for second choice**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business Administration,  Finance and Legal |  |  | Hair and Beauty |  |  | Engineering (Electrical  and Mechanical) |  |
| Manufacturing |  |  | Construction and the  Built Environment |  |  | Hospitality |  |
| Environmental and  Land-Based Studies |  |  | Retail Business |  |  | \* Sport, Active Leisure  And Tourism |  |
| \* Creative and Media |  |  | Society, Health and  Development |  |  | Public Services |  |
| IT (Information Technology) |  |  |  |  |  |  |  |

Using the student directory please provide the sub categories you would prefer for each sector choice:

1st Choice Subcategory 1:………………………………………………….2………………………………………………….

2nd Choice Subcategory 1:………………………………………………….2………………………………………………….

3rd Choice Subcategory 1:………………………………………………….2………………………………………………….

If you chose **TEACHING ASSISTANT** then please tell us what primary school you attended:

…………………………………………………………………………………………………………………………………..

If you have any employers in mind within your chosen sectors please give them below. We cannot guarantee a placement but we will try our best to secure one if possible.

|  |  |  |
| --- | --- | --- |
|  |  | **Postcode** |
| **1st Choice:** | ………………………………………………………………………………………… | …………... |
| **2nd Choice:** | ………………………………………………………………………………………… | …………... |
| **3rd Choice:** | ………………………………………………………………………………………… | …………... |

**HEALTH**

Please indicate any illnesses or other factors that the employer should be made aware of e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy.

………………………………………………………………………………………………………………………………...…

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**TRAVEL**

How are you willing to travel to your placement?

1 Bus 2 Buses Walk Lift with Parent Cycle

**Please tell us the areas where you can travel to and make sure that you can travel to the places ticked.**

Please indicate a **minimum of 4/5 areas**.

City Centre Blaby Countesthorpe

Aylestone Desford Saffron Lane

Narborough Fosse Park Wigston

**I am willing to travel further for a placement within my sector choices if available**

Are there any other areas of Leicester/Leicestershire you could travel to?

………………………………………………………………………………………………………………………………...…

…………………………………………………………………………………………………………………………………...

**ABOUT ME**

What personal qualities do you think you can bring to your placement?

………………………………………………………………………………………………………………………………...…

…………………………………………………………………………………………………………………………………...

What hobbies and interests do you have?

………………………………………………………………………………………………………………………………...…

…………………………………………………………………………………………………………………………………...

What career would you like to go into in the future?

………………………………………………………………………………………………………………………………...…

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What are your plans at the end of this academic year e.g. AS Levels, University, Apprenticeship?

………………………………………………………………………………………………………………………………...

**STUDENT PROFILE – FOR TUTOR TO COMPLETE**

**This section should be completed before the form goes to the parents**

Will work experience be used to achieve a learning objective related to a course? **Yes** **No**

*If yes, please give details and subject*………………………………………………………………………………………

Does the student speak a second language? **Yes** **No**

*If yes, please give details*…………………………………………………………………………………………………….

Please score the learner on the following attributes and attitudes: *Tick as appropriate*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Fair** | **Poor** |
| Confidence |  |  |  |
| Attendance |  |  |  |
| Effort/motivation |  |  |  |
| Ability to work with other students and members of staff |  |  |  |
| Self Management |  |  |  |
| Communication Skills |  |  |  |
| Teamwork |  |  |  |

Are the students choices: **GOOD REALISTIC UNREALISTIC**

*If unrealistic, please suggest an alternative*………………………………………………………………………………

Does this learner require a higher level of supervision whilst out on placement?

**Yes No**

*If yes, a reason must be given* ………………………………………………………………………………………………

Has the Designated Senior Person identified this learner as being vulnerable in relation to his/her work experience placement?

**Yes No**

What are the learners predicted grades: **Level 3 GCSE A\*-C / 9-4 / L2 GCSE D-G / 3-1 / L1 Not at Level 1**

Please indicate if the learner needs additional support with: *Tick as appropriate*

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Reading |  |  |
| Understanding and following instructions |  |  |
| Speaking English |  |  |
| The learner has a Special Needs Statement/EHC PLAN **(if yes more details must be given on back page)** |  |  |

Teacher/Tutor Name …………………………………………………………… Signature ………………………………….

Date ……. /……. /…………

**WORK EXPERIENCE PLACEMENT – DATA AGREEMENT**

In order to provide and process a work experience placement, Leicestershire Education Business Company Ltd requires some specific information.

We are required to pass on to the employer some of the information enclosed in this form, so that they can provide a suitable experience and do everything reasonable to protect students health, safety and welfare.

To enable us to process this placement please could you read the form and sign agreeing to the data requested being used for the purposes of work experience. We will take all due care with personal information when sharing it with appropriate institutions.

If there is any other information you think would be relevant for us to know, please could you provide it below: (e.g. **Special Needs Statement/EHC PLAN**, any involvement with the Youth Offending Team or Criminal Record).

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**PARENTS / LEGALLY RESPONSIBLE PERSON – GUIDELINES**

Work Experience Placement choices – these should be discussed with the student and agreed by you. You will receive details of the placement and will be asked to sign an agreement to it.

Hours of placement – these are shown on the Placement Description. Saturdays and evening work should be discussed at the pre-placement meeting and will be optional but some placements might reasonably expect students to work these times.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person.

The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign.

Please can you check that the **health information on Page 2** is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

**PARENT/LEGALLY RESPONSIBLE PERSON**

I agree to the use of this data and to the learner’s choices of placement.

**Name ……………………………………… Signature ……………………………………**

**Date ……………………………………….**

**LEARNER**

I have completed this form and made choices for my work experience so that I can achieve my learning targets.

I agree to the use of data as described above.

**Signed …………………………………… Date.……………………………………………**