



Leicestershire Education Business Company

30 Frog Island
Leicester
LE3 5AG

Tel: 0116 240 7270 Fax: 0116 240 7001

SELF PLACEMENT FORM 2018/2019

Student - This form is to be taken to the company you wish to work with and be completed by your employer.

Please note you can only find a Self-Placement in Leicestershire and the following areas: Derbyshire, Rugby Nottinghamshire, Lincolnshire and Rutland, Northamptonshire, Atherstone, Nuneaton and Bedworth.

Important: students please note you must complete page 2 and 3!

Employer – Please complete this page1 fully and return to the student ASAP.

If you have not previously offered work experience, one of our Employer Assessors will shortly be in touch to arrange a brief meeting to ensure the information held on our database about your organisation is both accurate and satisfactory. Please ensure you provide a valid contact number that you can be reached on during the week between 9am and 5pm.

Insurance – When students are on work experience they are classed as employees and we ask that you confirm below that you have these insurances otherwise the placement cannot go ahead. The Employer Assessor will need to see the certificates when they visit.

Do you have Employers Liability Insurance?	YES	NO	Public Liability Insurance?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ALL DETAILS ARE TO BE COMPLETED

Student Name School/College: **Brockington College**

Placement Dates:.....

Company Name

Address.....

..... Post Code.....

Telephone Number Email

Company Contact Position.....

Work Experience Role (e.g. Office Assistant).....

CONTACT SIGNATURE **PRINT NAME** **DATE**

- By ticking this box I consent to LEBC holding my personal details for the purposes of arranging my placement.
- I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

TEACHER SIGNATURE **PRINT NAME** **DATE**

Privacy Statement – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promised to keep your details safe and secure. You can change your mind at any time by emailing contactus@leics-ebc.org.uk For further details on how your data is used and stored, please visit www.leics-ebc.org.uk/privacypolicy

START DATE: 01/07/19

END DATE: 05/07/19

TUTOR GROUP: _____

STUDENT DETAILS

Male Female

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

Home Address Postcode

Tel Number Email Address

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 Cycle Lift with Parent

WORK EXPERIENCE PLACEMENT – DATA AGREEMENT

In order to provide and process a work experience placement, LEBC requires some specific information which we need to pass on to the employer so that they can provide a suitable experience and do everything reasonable to protect your Health, Safety and Welfare.

By ticking this box I consent to LEBC holding my personal details for the purposes of arranging my placement.

I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

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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?

By ticking this box I consent to LEBC holding and using the data for the young person for whom I am legally responsible. I understand that I can ask for the data to be permanently removed from the records and that to make this request I have to send an email to contactus@leics-ebc.org.uk

PARENT/LEGALLY RESPONSIBLE PERSON

I agree 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.....