Work Experience Placement Agreement Form
Monday 15th – Tuesday 23rd July 2024

THIS SECTION TO BE COMPLETED AND SIGNED BY THE PUPIL:

Pupil's Name: ………………………………………… Tutor Group: ……………. Date of Birth: ……………………………

PLEASE NOTE:

- I agree to participate in the school's Work Experience programme
- Details of the placement are outlined below
- I understand I must attend the agreed days and times, observe the Health and Safety rules/regulations and behave appropriately

Signed: ………………………………………………………………….. Date: ……………………………………………………………

THIS SECTION TO BE COMPLETED AND SIGNED BY THE EMPLOYER:

Placement JOB TITLE ………..

Company Name: …….

Address and Post code: …….

Company Telephone Number: ……….

Contact Name: ……….

Contact Telephone Number (if different from above or mobile):…………………………………………………………….

Contact email address: ……

Dates attending the placement: ……………………………………………………………………………………………………….

Hours of Work: ………

Dress Code: ………

PLEASE NOTE:

- While working alongside Kings' School pupils, you have a duty of care towards them. This means that at all times you must act in a way that is consistent with their safety and welfare
- If at any time you have a concern about the pupil, or if they disclose that they are going to harm themselves or cause harm to another person, it is your responsibility to share that concern with the Kings' School Designated Safeguarding Lead (DSL), who is Mrs Berridge. This also applies if you think they may be at risk of harm, abuse or neglect. Mrs Berridge can be reached on the school telephone number which is 01962 861161.
- If it is outside of school hours (after 5pm) and you feel that there is immediate danger or the risk of significant harm to a child or young person, please call the police (999)

Signed: ………………………………………………………………….. Date: ……………………………………………………………….

THIS SECTION TO BE SIGNED BY PUPIL'S PARENT/GUARDIAN: NAME (PRINTED) …………………………………………………..………………

- As the parent/guardian, I confirm I have read the details of the Work Experience placement and am willing for the above named pupil to take part in the placement with the employer, for the post outlined on the days/times indicated
- I understand that a relevant Health and Safety check will be in place before the placement begins, unless outside of Hampshire or through a family/friend contact

Signed: ………………………………………………………………….. Date: ……………………………………………………………….

Please return to Mrs J Turner, Work Experience Co-ordinator by Wednesday 31st January 2024
j.turner@kings-winchester.hants.sch.uk

INSPIRING FUTURES   EXCEPTIONAL CHARACTER   ACADEMIC EXCELLENCE