



Work Experience Agreement Form

Work Experience Placement Dates: Monday 16 March 2026 – Friday 27 March 2026

Student Details

Name: _____ Tutor Group: _____

Date of Birth: _____

Employer Details

Company: _____ Contact Name: _____

Address: _____ Contact Number: _____

_____ Email: _____

Postcode: _____

Job Placement and Description: _____

Health Declaration

Does your child have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person?	Yes	No
Physical disabilities		
Allergies, e.g. nuts, penicillin		
Skin conditions e.g. eczema		
Asthmas or any other chest complaints		
Hearing / Visual impairments		
Heart conditions that affects their ability to do physical tasks		
Diabetes / Epilepsy		
Medication		
If you have ticked yes to any of the above, please give details:		
Please provide information for any other issues that should be considered (including emotional & behavioural):		



Work Experience Agreement Signatures:

Student

As the student named, I agree to:

- Attend this work experience placement and understand that any information obtained about the employer's business is held in confidence and will not be disclosed without the Employer's permission.
- Adhere to all safety, security and requirements identified by the Employer 's representatives or by displayed instructions.

Signed: _____ Date: _____

Parent/Carer

- As Parent/Carer of the above, named student, I confirm I have read and understood this form.
- I agree to the student attending this placement and confirm that the health declaration has been completed.

Signed: _____ Date: _____

Name: _____ Emergency Contact Number: _____

Employer

- As the representative of the employer I agree to the student named above working on my premises.
- We agree to abide by all relevant/current legislation including Health and Safety, Data Protection Act, Sex Discrimination, Race Relations, Disability, and the Children's Act.
- I understand that all the information provided will be shared in pursuit of educational activities and services and held in accordance with the current Data Protection Act and General Data Protection Regulations (GDPR).
- We will ensure that our Employer's Liability Insurance will be in place to cover the student and will accept or insure against liability for loss, damage or injury caused by the student, in the same way as for paid employees.
- **Enclosed is a copy of our Employers Liability Insurance (ELI) which covers the dates of work experience. I understand the student cannot take part in work experience without this insurance.**

Signed: _____ Date: _____

Name: _____