



Work Experience Agreement

We are pleased to be able to offer (student name)_____

Work Experience at (workplace)_____

Address of workplace_____

This will involve attending work on (dates)_____

The hours you are expected at work are _____

Woolston 6th Form College expect students to represent the college at all times while at work, follow instructions and ask for help where needed. You will be assigned a mentor and a member of college staff will take you for a short visit to see around and meet the staff at the workplace before you start. Woolston 6th Form College will share information with the workplace about the medical conditions, allergies and any necessary information about the young person. We will ask for this to be kept confidential.

During your time on work experience you might be asked to:-

Students and work placement staff will be asked to keep a log of what you have completed and any training you have taken part in.

We hope you will enjoy this experience and dress appropriately, follow the hygiene rules and be polite and kind at all times.

Please sign to say that you have read this letter and are happy to take part in work experience.

Student: I agree to participate in this Work Experience Placement and confirm that I have read the job description and know what I have to do at work. Doing work experience means I am representing the work place. I must not tell anyone else information about the workplace that is private to the workplace. I will follow the employers' rules in the workplace and follow health and safety guidelines.

Signed by student_____



Signed by Parent/Carer _____

The student will be taken to the work place by parent/carer or college transport or make their own way there (please delete as appropriate)

Parent/Carer please print name _____

Date _____



Work Experience Student Information to be shared with employer

This information is to be given to the employer at the work placement so they have all the information needed about the student and who to contact at school if needed.

School Name:		Address:				
Contact Name:		Phone numbers :		Email:		
Student Details	First Name:		Surname:		Age:	
Tutor:			Tutor Mobile No:			

Allergies _____

Dislikes or things to avoid _____

Medical needs to be aware of _____

Any other support needs _____

This student has permission for employers to use photos on social media or their company promotion materials Yes/ No

This student is allowed to leave the premises for breaks and lunch Yes/No

Completed by _____ Date completed _____

Signed by Parent/Carer _____

Date _____

This information should only be shared with staff working with the student and should be securely destroyed once the placement is complete.