**Work Experience Private Placement Agreement**

(To be completed by the employer)

I agree to provide a placement for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) Tutor Group: 12\_\_\_

from **Tuesday 25th – Friday 28th June 2024**  inclusive

**Insurance Details:** ***without Employer Liability Insurance a placement cannot commence***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Insurance Company | Expiry Date | Policy Number |
| Employer Liability |  |  |  |
| Public Liability |  |  |  |

Company Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Post Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (if different) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE of WORK** **+ possible Tasks** e.g. Office - Spreadsheets, Salon – tidying & greeting clients , Classroom – reading to children, Factory – work shadow + simple manual tasks, Land-based – physical tasks

|  |
| --- |
|  |

**Working Hours**

Students are expected to work a ***maximum***of 40 hours per week. They should not start work before 8am or finish later than 7pm.

Please complete the box below to inform the school and students of the hours they are required at the placement.

|  |  |  |
| --- | --- | --- |
| Day | Working Hours | Break/lunch |
|  | From | To |  |
| Monday |  |  |  mins |
| Tuesday |  |  |  mins |
| Wednesday |  |  |  mins  |
| Thursday |  |  |  mins |
| Friday |  |  |  mins |
| Saturday |  |  |  mins |

Employer Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_

Parent/Carer Signature : \_\_\_\_\_ Date : \_\_

**We would like to thank you for agreeing to offer our student a placement for their Work Experience. It is such an important aspect of their education; this will help them understand the skills and commitment required in the adult world of work.**

**All students are expected to adhere to School and Employer guidelines.**

**If you have any queries please contact the Work Experience Team at West Coventry Academy and we will endeavour to answer your concerns.**

**West Coventry Academy Work Experience Team**

**Mrs Chris Day Careers Advisor 02476426200 ext. 1037**

**Mrs Kelly Withers Post 16 Learning Manager 02476426200 ext. 1041**

**Mrs Sarah Nobbs Post 16 Study Mentor 02476426200 ext. 1041**

**Mr John Griffin Post 16 Stategic Lead 02476426200 ext. 1039**