








Work Placement Fact Sheet

	Work placement for:	
	Name of company:	
	Mentor contact name:	
	Mentor job title:	
	Mentor contact details if I need to speak to them are:	

If I am worried on my work placement and need to talk to someone at school, I will speak to:

	Dates of work experience:	Start date:		Finish date:	
	Hours I will work:	Start date:		Finish date:	
	Whilst I am at work, the breaks I will have are:				
	The arrangements for lunch are:				
	I need to bring the following things with me to work:				

	The job I will be doing is:				
	The T-level pathway would be:				
	The address of where I will be working is:				
	The travel arrangements to get to my placement are:				
	The clothing I should wear for my job is:				
	When I am at work, I will do the following duties:				
	The skills that will be developed by my work placement are:				
	When I am at work, I must:				

Risk assessment

Hazard	Risk	What you need to do

Parent/Carer permission:

As parent/carer of the above-named child, I confirm that I am willing for him/her/them to participate in work experience with the named employer.

Medical needs:

I also confirm that he/she/they are medically fit to undertake the placement and he/she/they do not suffer from any medical condition which could result in unnecessary risk to his/her/their health and safety and/or that of other people.

Leaving site:

I confirm that if he/she/they leaves the employer's premises during break periods, no liability can be accepted by the employer or the school for any incident that may occur. Parents/carers should discuss the arrangements for break periods with their child and make sure they are suitable.

I confirm the above details for the duration of the work placement. I understand that the work experience has been visited by a member of staff trained in risk assessing work places, who was satisfied with the employer's current public liability insurance, H&S arrangements and that they have discussed any control measures with the employer and my child to reduce any risks identified.

Parent/Carer's signature:		Date:	
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Learners' agreement:

- As a learner undertaking a work placement, I understand the details of my placement.
- If I have any problems, I will contact my school mentor.
- I understand I must follow health and safety rules to keep everyone safe.
- I understand I must follow the rules of the work placement.

Learner's signature:		Date:	
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