

Work Experience Placement Form

Please ensure that all information is completed on this form

To be completed by the learner:												
Learner Name:						Tutor Group:						
Learner Age: (tick appropriate box)		Under 16:		16-17:		18 plus:						
Notes (e.g. medical conditions or allergies):												
Placement Details – to be completed by the business/placement provider:												
Placement start date:					Placement end date:							
Business Name:					Business e-mail:							
Business Website:												
Business Address:							Business Postcode:					
Insurance Type: (tick appropriate box(s))		Public:		Employer:		Combined:						
Insurance Name:			Policy Number:		Expiry date							
Main Contact Details												
First Name:					Last Name:							
Phone Number:					e-mail:							
Location of placement if different to address given above:												
Description of duties to be undertaken by the learner during the placement:												
Proposed working days:												
Mon		Tues		Wed		Thurs		Fri		Sat		Sun
Travel arrangements:												
Report to:					Start Time:							
Dress Code/PPE:					Meal Arrangements:							

To be completed by the business/placement provider:**Data Protection Agreement**

Data processing notice: In order to allow us to organise work experience placements on your behalf, we need the personal information requested in this form. By completing this form, you are providing us with your personal data. We, Futurework, are the data controller of the personal data you provide to us, and, will only use the data provided in this form for the purposes of organising and arranging work experience placements, which is part of the higher or further education service we provide to you. If you fail to provide this data, we will not be able to arrange a work experience placement for you.

We will share your personal details with the Futurework when the placement has been agreed. Where this data is shared with third parties, it is only used for providing the work experience placement. Personal data is only shared outside of the EEA for the purposes of arranging a work experience placement with your consent.

We retain work experience application forms for 3 years (archived) after the placement completion date, unless we have an obligation to record it otherwise (for example in case of accident or incident reporting.) Data subjects have the right; to object to or restrict processing of their personal data; of access to, correction or erasure of their personal data; to portability of their personal data; to withdraw their consent where consent is the lawful basis for processing personal data; and to complain to the ICO regarding the processing of their personal data. You can ask us to amend or delete your personal data at any time in line with data subject rights, by contacting Helen Richardson Data Protection Lead

Helen.richardson@gateshead.ac.uk

Data Projection Section for the Work Placement, Read and Agreed by (Signed by Business Contact):

Name:

Date:

Signature:

To be completed by the parent/carer:**Parent/Carer Agreement**

As a responsible parent/guardian I confirm the above learner participating in the work experience at the above arranged placement.

Name:

Relationship to Student:

Signature:

Date:

To be completed by the school:**School Agreement**

I agree to this placement, subject to a successful health and safety assessment.

Name:

Position:

Signature:

Date:

Business Note: Please note you will be contacted by Futurework to cover any Health and Safety linked to this placement.

School Note: Any information sent from business (Employer Liability Insurance, Risk Assessments or Policies) please send through to Futurework with this form.

For school purposes:

Date completed form received at reception_____

Date input to Futurework website _____

Date Placement form cleared by Futurework _____

If placement cancelled, date of cancellation _____

Reason for cancellation:

Date PGN informed of cancellation _____ (Attach copy of email)