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**CONFIRMED**

**WORK EXPERIENCE AGREEMENT**

Dates: «StartDate» to: «EndDate»

**Student's Name:** «StudentFirstName» «StudentSurname»

**Company Name:** «EmployerName»

**Address:** «EmployerAddress»

**Contact/Supervisor:** «PlacementContactFirstName» «PlacementContactSurname» **Tel:** «PlacementContactTelephone»

Please amend the following details if different to pre placement agreement

**Placement Description:**

«LearnerTasks»

**Special Clothing:**

«ClothingNotes»

|  |  |
| --- | --- |
| **Days/Hours of Work:**«HoursOfWork» | **Meal Arrangements:**«MealBreakRequirements» |

**Travel Arrangements:**

«TravelExpenses»

**Risk Assessment**

|  |  |  |
| --- | --- | --- |
| 1. **Hazard**
 | 1. **Risk**
 | 1. **Control Measures**
 |
| Hazards | Risks | Control Measures |

**Risk Assessment Comments**

«RiskAssessmentComments»

**Employer (Placement Provider):**

As a representative of the employer, I agree to the named student working on my premises in accordance with our work experience agreement.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student:**

I agree to take part in this work experience on the understanding that I will respect any confidential information about the employer's business. I will comply with all safety, security and other regulations set by the employer. I understand that I must take care of the health, safety and welfare of myself and others.

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

**Parent:**

I have received a copy of the agreement in respect of my child's work experience.

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

**School Work Experience Co-ordinator:**

I agree that all documentation has been completed in respect of this work experience agreement.

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