



Kings' School Work Experience
15th – 23rd July 2019
PLACEMENT AGREEMENT FORM



For a placement to be approved a completed form must be returned to the school by FRIDAY 1st MARCH 2019.

Student Name:..... **Tutor Group:**.....

Date of Birth:

This section to be completed and signed by the student:

I agree to participate in the school's Work Experience programme.

The details of the placement are outlined below. I understand I must attend the agreed **days** and **times**; observe the Health and Safety rules and dress code and behave appropriately for a place of work.

Signed..... **Date**.....

This section to be completed and signed by the employer:

Placement JOB TITLE

Company Name:

Address and Post code:

Company Telephone Number:

Contact Name:

Contact Telephone Number (if different from above or mobile):.....

Contact email address:

DATES ATTENDING THE PLACEMENT:

Hours of Work:

Dress Code:

Employers Important please read and sign: While working alongside Kings' School pupils, you have a duty of care towards the children. This means that at all times you must act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, if the child or young person discloses that they are going to harm themselves or cause harm to another child/young person, it is your responsibility to share that concern with the school Designated Safeguarding Lead (DSL), who is Mrs Fiona Allison. This also applies if you think they may be at risk of harm, abuse or neglect. Fiona can be reached on the school telephone number which is 01962 861 161. Deputy Designated Safeguarding Lead (DDSL), who is Jane Berridge and can be contacted instead, in Fiona's absence.

If it is outside of school hours (after 5pm) and you feel that there is immediate danger or the risk of significant harm to a child or young person, please call the police (999).

Signed..... **Date**.....

This section to be signed by student's Parent / Guardian: Name (printed)

As the parent / guardian of the above named student, I confirm I have read the details of the Work Experience placement and am willing for her/him to take part in the placement with the employer named; for the post outlined and on the days/times indicated.

I understand that a relevant Health and Safety check will be in place before the placement begins. **If the company is outside of Winchester or through a family contact, please sign the attached disclaimer.**

Signed..... **Date**.....