WE WEEK: Monday 13th to Friday 17th July 2020

Year 10 2019/20

futureworks

EMPLOYER MUST SIGN DECLARATION ON BACK

Work Experience Placement Form

Please ensure that as much information as possible is filled in and that handwriting is legible. Have a great placement!

Learner Details

Learner Name: _____ Tutor Group: _____

Learner Age: Under 16□ 16-17□ 18 plus□ (tick appropriate box) Gender: Male □ Female □

Notes eg Medical conditions or allergies:

Placement Details

Name of person organising placement (eg Parent, student, school staff): _____

Placement Start Date: _____ Placement End Date: _____

Business Name: _____ Landline Number: _____

Contact Name: _____ Mobile Number: _____

Contact Position: _____ Email: _____

Business Address: _____

Postcode: _____

Location of placement if different to the above: _____

Signature: _____ Date: _____

Description of Duties: _____

Proposed working days □Mon □Tues □Wed □Thurs □Fri □Sat □Sun

Travel Arrangements: _____

Report to: _____ Start Time: _____

Dress Code/ PPE: _____ Meal Arrangements: _____

Insurance

In order for a company to take on a learner for work experience they MUST have the necessary insurances in place.

Insurance Company Name: _____

Employer Liability Insurance Yes□ No□ Policy Number: _____ Expiry Date: | | | |

Public Liability Insurance Yes□ No□ Policy Number: _____ Expiry Date: | | | |

Parent/ Carer Agreement

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

Parent/Guardian Signature: _____ Relationship to Student: _____ Date: _____

School Agreement

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

Name: _____ Signature: _____ Position: _____ Date: _____

P.T.O

Data Protection

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:

Signature: