

WORK EXPERIENCE PLACEMENT APPLICATION FORM
John Ferneley College

2018/2019

START DATE: _____ **END DATE:** _____ **TUTOR GROUP:** _____

STUDENT DETAILS

Male Female

First Name Surname Date of Birth/...../.....

Home Address Postcode

Tel Number Email Address

SELF PLACEMENTS

If a company has agreed to offer you work experience, please complete and attach a Self Placement form and make sure that it is signed by the employer. We are unable to process a Self Placement without a fully completed form.

A Self Placement is compulsory for: **DANCE, MEDIA, THEATRE, UNIFORMED SERVICES** and **NHS HOSPITALS**. Please **DO NOT** put these as a choice below as we will be unable to find you a placement and this will delay your application!

* A self-placement is also advised if you would like a **Design/Creative** role.

WORK EXPERIENCE CHOICES

* **SPORT AND LEISURE: Compulsory swim test for placements**, details of the swim test are in the student directory. Do not tick Sport and Leisure if you are unable to swim.

Please choose **2 sectors** below and **number them 1 for first choice and 2 for second choice**.

Business Administration, Finance & Legal	<input type="checkbox"/>	Hair and Beauty	<input type="checkbox"/>	Education, Training and Childcare	<input type="checkbox"/>
Engineering & Manufacturing	<input type="checkbox"/>	Construction & the Built Environment	<input type="checkbox"/>	* Sport, Active Leisure & Tourism	<input type="checkbox"/>
Environmental & Land-Based Studies	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>		
Catering & Hospitality	<input type="checkbox"/>	Health and Care	<input type="checkbox"/>		
Information Technology	<input type="checkbox"/>	* Creative and Media	<input type="checkbox"/>		

Please provide the preferred job role (from the student directory) for both sectors:

Sector 1 Job Role:.....

Sector 2 Job Role:.....

If you chose **TEACHING ASSISTANT** then please tell us what primary school you attended:

.....

If you have any employers in mind within your chosen sectors please indicate them below. We cannot guarantee a placement but we will try our best to secure one if possible.

	Postcode
1st Choice:
2nd Choice:
3rd Choice:

HEALTH

Please indicate any illnesses or other factors that the employer should be made aware of, e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy.

.....

.....

TRAVEL

How are you willing to travel to your placement?

1 Bus 2 Buses Walk Cycle Lift with Parent

Please tell us the areas where you can travel to and make sure that you can travel to the places ticked.

*Please indicate a **minimum of 4/5 areas.***

Leicester City Centre	<input type="checkbox"/>	Mountsorrel	<input type="checkbox"/>	Quorn	<input type="checkbox"/>
Loughborough	<input type="checkbox"/>	Old Dalby	<input type="checkbox"/>	Rothley	<input type="checkbox"/>
Waltham on the Wolds	<input type="checkbox"/>	Asfordby	<input type="checkbox"/>	Melton Mowbray	<input type="checkbox"/>

I am willing to travel further for a placement within my sector choices if available

Are there any other areas of Leicester/Leicestershire you could travel to?

.....

.....

ABOUT ME

What personal qualities do you think you can bring to your placement?

.....

.....

What hobbies and interests do you have?

.....

.....

What career would you like to go into in the future?

.....

.....

What are your plans for the rest of your studies, e.g. AS Levels, University, Apprenticeship?

.....

STUDENT PROFILE – FOR TUTOR TO COMPLETE

This section should be completed before the form goes to the parents

Will work experience be used to achieve a learning objective related to a course? **Yes** **No**

If yes, please give details and subject.....

Does the student speak a second language? **Yes** **No**

If yes, please give details.....

Please score the learner on the following attributes and attitudes: *Tick as appropriate*

	Good	Fair	Poor
Confidence			
Attendance			
Effort/motivation			
Ability to work with other students and members of staff			
Self-Management			
Communication Skills			
Teamwork			

Are the students choices: **GOOD** **REALISTIC** **UNREALISTIC**

If unrealistic, please suggest an alternative.....

Does this learner require a higher level of supervision whilst out on placement?

Yes **No**

If yes, a reason must be given

Has the Designated Senior Person identified this learner as being vulnerable in relation to his/her work experience placement?

Yes **No**

What are the learners predicted grades: **Level 3** **GCSE A*-C / 9-4 / L2** **GCSE D-G / 3-1 / L1** **Not at Level 1**

Please indicate if the learner needs additional support with: *Tick as appropriate*

	YES	NO
Reading		
Understanding and following instructions		
Speaking English		
The learner has a Special Needs Statement/EHC PLAN (if yes more details must be given on back page)		

Teacher/Tutor Name Signature

Date / /

WORK EXPERIENCE PLACEMENT – DATA AGREEMENT

In order to provide and process a work experience placement, LEBC requires some specific information which we need to pass on to the employer so that they can provide a suitable experience and do everything reasonable to protect your Health, Safety and Welfare.

By ticking this box I consent to LEBC holding my personal details for the purposes of arranging my placement.

I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

Privacy Statement – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promise to keep your details safe and secure. You can change your mind at any time by emailing contactus@leics-ebc.org.uk

For further details on how your data is used and stored, please visit www.leics-ebc.org.uk/privacypolicy

If there is any other information you think would be relevant for us to know, please could you provide it below: (e.g. **Special Needs Statement/EHC PLAN**, any involvement with the Youth Offending Team or Criminal Record).

.....
.....
.....

PARENTS / LEGALLY RESPONSIBLE PERSON – GUIDELINES

Work Experience Placement choices – these should be discussed with the student and agreed by you. You will receive details of the placement and will be asked to sign an agreement to it.

Hours of placement – these are shown on the Placement Description. Saturdays and evening work should be discussed at the pre-placement meeting and will be optional but some placements might reasonably expect students to work these times.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person.

The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign.

Please can you check that the **health information on Page 2** is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

By ticking this box I consent to LEBC holding and using the data for the young person for whom I am legally responsible. I understand that I can ask for the data to be permanently removed from the records and that to make this request I have to send an email to contactus@leics-ebc.org.uk

PARENT/LEGALLY RESPONSIBLE PERSON

I agree to the learner’s choices of placement.

Name **Signature**

Date

LEARNER

I have completed this form and made choices for my work experience so that I can achieve my learning targets. I agree to the use of data as described above.

Signed **Date**.....