

WORK EXPERIENCE PLACEMENT APPLICATION FORM **2019/2020**
Bosworth Academy

Please circle all dates you would be able to attend a work experience placement:

W/C 13 JULY W/C 20 JULY W/C 27 JULY W/C 3 AUG W/C 10 AUG W/C 17 AUG

STUDENT DETAILS

Male Female

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

Home Address Postcode

Tel Number / Mobile Number Email Address

SELF PLACEMENTS

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

WORK EXPERIENCE PREFERENCES

* **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 **3 sectors** below and **number them 1 for first choice, 2 for second choice and 3 for third 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"/>
Information Technology	<input type="checkbox"/>	Creative and Media	<input type="checkbox"/>	Health and Care	<input type="checkbox"/>

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

Sector 1 Job Role:.....

Sector 2 Job Role:.....

Sector 3 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:

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 planning to travel to your placement?

Please circle the areas that you can travel to and make sure that you can travel to the places circled. Please indicate a minimum of 4/5 areas.

Markfield	City Centre	Beaumont Leys	Blaby	Hinckley
Fosse Park / Meridian	Braunstone	Groby/Ratby	Desford	Earl Shilton/Barwell
Enderby	Loughborough	Glenfield	Lutterworth	Kirby Muxloe

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? Do you take part in any extracurricular activities / clubs? (E.g. scouts, sport, musical etc.)

.....

.....

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

.....

.....

What do you hope to gain from your work experience placement?

.....

STUDENT PROFILE – FOR TUTOR TO COMPLETE

Please describe this student in a few words

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 student’s choices: **REALISTIC / UNREALISTIC**

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

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 ensure the below information is completed fully and accurately. If incomplete the form will be returned to school. This will result in a delay with the placement process.

Does this learner require a higher level of supervision whilst out on placement? **Yes/No**

If yes, a reason must be given

Will a support worker be provided for the placement if required? **Yes/No**

Has the Designated Senior Person identified this learner as being vulnerable in relation to their work experience placement? **Yes/No**

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

	YES	NO
Reading		
Understanding and following instructions		
Speaking English (If yes please specify learners first language.....)		
The learner has a Special Needs Statement/EHC PLAN (if yes more details must be given on back page – if possible please also provide a profile for these learners to enable suitable placements to be secured)		

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 signing this form I consent to LEBC holding my personal details for the purposes of arranging my placement. I understand that I can ask for my data and / or any photographs 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 https://www.leics-ebc.org.uk/contentfiles/files/Privacy_Policy_May_2018.pdf

Occasionally LEBC may take photos of students during their work experience placements for use in LEBC promotional material i.e. marketing materials, website, social media, printed materials and press articles etc. By signing this form you are consenting to LEBC and any third party partners working on behalf of LEBC to use the images in whatever manner and with whatever effect they may in their absolute discretion think fit.

I have read and understood how my images may be collected and used and I give consent for photographs of me to be taken on work experience. I understand that if consent is withdrawn then any images in use will be removed.

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. LEBC use this information to secure a placement in preferred sectors where possible. 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 signing this form 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 and travel areas indicated.

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.....