



WORK EXPERIENCE - PRELIMINARY AGREEMENT FORM

All sections highlighted on this form must be completed prior to the placement start date and handed into the Work Experience office.

Student Name:	Student No:	Date of Birth (D.O.B):
Course title:	Course Code:	
Work placement/business name and address:		
Post code:	Work placement E-mail:	
Work placement contact name:	Work placement Tel No:	
Proposed start Date:		
Student placement supervisor/mentor contact name:		
Work Experience Advisor: Ali Calamita - alison.calamita@plumpton.ac.uk		
Section 1 – Student to Sign		
As student named above, I agree to take part in this industry experience scheme. I also agree to: <ul style="list-style-type: none">➤ Hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission;➤ Observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representative or by displayed instructions;➤ Inform the employer and the college as soon as possible of any absence from the work placement;➤ (a) I do not suffer from any physical or medical condition including allergies and special dietary requirements which could result in an unnecessary risk to my health and safety or that of another person;➤ (b) I suffer from the following physical or medical condition including allergies and special dietary requirements and this information should be conveyed to the employer:➤ Uphold the principals of Plumpton College & conduct myself in a professional manner at all times.		
Signed:	Date:	
Section 2 – Parent/Guardian/Carer to sign if under 18		
As parent/guardian/carers of the student named above, I confirm that: I have read and understood this form and agree to him/her taking part in this scheme and undertake that he/she will observe the conditions set out.		
Name – Parent/Guardian/Carer (delete as appropriate)		
Signed:	Date:	
Section 3 – Employer to sign		
As an employer I agree to take part in the work experience scheme and to the following statements: <ul style="list-style-type: none">➤ I confirm that I have authority on behalf of the organisation to take on work experience students.➤ I confirm that the organisation will safeguard the student while in our care and that they will be treated fairly and in line with company policies.➤ I confirm that we will deliver a quality work placement and work towards developing the student to their best potential.➤ Before a placement starts, Plumpton College will be in contact to agree Health & safety arrangements as well as checking Employer liability insurance and any relevant risk assessments.		
Signed:	Date:	

