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Student Placement Form 2026-2027

Student Details

School: Sawston Village College	**Work Experience Dates: 14th to 25th June 2027**	
Student Name:		
Date of Birth:	**Length of Placement:**	**One/ Two weeks (please circle)**
Year Group:	***For Targeted Placements only*** **Start Date & days attending:**	

Student Agreement

As the student named above, I agree to take part in the work experience programme and follow all the agreed health and safety rules and security regulations. I understand that I may gain access to sensitive information whilst at work and I agree to treat all information as confidential.	
Student Signature:	**Date:**

Employer Details: Please complete all employer sections and in capital letters

Company Name:	**Placement Title:**
Company Address:	**Type of Business:**
	No of Employees:
	Company Contact:
Post Code:	**Position:**
Direct Tel No:	**Email:**

Are you related to the student? Please enter your relationship here:

I agree to the named student attending work experience with this company **as detailed overleaf.**
Signed on behalf of the company:

Print Name:		**Date:**	

Parent/ Carer Agreement

As parent/carer of the student, I agree to their taking part in this scheme. I understand that I will receive a copy of the Job Description and Risk Assessment prior to my child attending the placement. The school may charge the parent/guardian for a Health & Safety check for an employer outside of Cambridgeshire. In the interest of my child, I confirm that:

- they do not have any medical conditions, which could result in an unnecessary risk to their health or safety or to the health and safety of another person. *(Should you be in any doubt, please consult the teacher responsible before signing this form)*
- They have the following medical conditions, which should be conveyed to the employer:

Please indicate if the student regularly takes medication that needs to be brought to the workplace.

Signed: (Parent/carer)	**Date:**

PLACEMENT DESCRIPTION

To be completed by the employer

Job Title:
Duties:
Student's personal qualities required:

KEY CONSIDERATIONS
When completing the placement description please take into account the following:

- The young person's age, inexperience, immaturity and lack of awareness or risks
- The need for adequate supervision and, where necessary, suitability checks for child protection
- The need for any personal protective equipment
- The provision of adequate information, instruction and training for the young person
- Any necessary prohibitions or restrictions relating to tasks, areas and work equipment

Employers' Liability Insurance: Yes / No	**Name of insurer:**
Policy No:	**Expiry Date:**
Public Liability Insurance: Yes / No	

Employers' & Public Liability Insurance cover are both required for work experience. Please attach a copy of your current Employers' Liability Insurance certificate. We will be unable to take up offers of placements from organisations without such cover.

Do you have a Health & Safety Policy: Yes / No	**Written Risk Assessments: Yes/ No (if more than 5 employees)**

If the student is to be based in a different location to the company address please give details:

If you have not helped recently with work experience, The Employability Partnership Work Experience Team will contact you. This offer will be regarded as additional to any offers you have made through The Employability Partnership.
Personal data will not be used for any other purpose than for work experience.

School Co-ordinator Details

Name: Mrs Cheryl Wombwell	**Position: Post 16 and WEX Lead**
Phone No: 01223 712777	**Email: cwombwell@sawstonvc.org**

For students undertaking block work experience

The student must return this completed form to the school Work Experience Co-ordinator

Last date for form submission: **24th February 2027**