** FORM A AGREEMENT FOR PRIVATE PLACEMENT**

 **TO BE SIGNED BY THE STUDENT AND PARENT/CARER**

**Placement dates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:**  |  | **Form group:** |  |
| **Placement Address:** |  |
| **Please confirm your child will be attending the placement for the whole week.** | **I confirm my child will be attending the placement from Monday 8th – 12th July 2024:****Please circle - YES**  |

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| **STUDENT AGREEMENT**As the student named above* I agree to take part in this private placement work experience scheme and to hold in confidence any information about the Employer’s business which I may obtain during my placement and not to disclose such information to another person without the Employer’s permission.
* I also agree to observe all health and safety, security and other regulations laid down by the Employer’s representatives or by displayed notices and to take a responsible approach to managing my own health and safety in the workplace in addition to the employer’s instructions.
 |
| **Date:** |  |
| **Student signature:** |  |
| **Print Name:** |  |

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| **PARENT/CARER AGREEMENT**As parent/carer of the student named above* I confirm that I have read this form (Form A) and any accompanying documents Forms B & C
* I confirm that I am willing for my child to participate in work experience with the Employer for the agreed period of time during the dates shown above, observing any conditions set out.
* I confirm that I have informed the placement of any medical condition which could result in an unnecessary risk to my child’s health or safety or that of another person.
* I confirm the employer complies with the following West Sussex County Council guidelines and that I have read the appropriate hazard assessment to my child’s placement on the school website or Frog:

West Sussex County Council prohibit some placements to under 16s to protect young people from risk to their health and safety due to lack of experience. This includes placements that involve harmful exposure to toxic or carcinogenic agents, tidal waters, driving any vehicle, working in kitchens, working 1:1 for periods of more than 3 hours in a day and any other role deemed unsuitable by the school. * I confirm I have visited the placement prior to work experience week and confirm I am satisfied with the placement’s H&S policy and practises.
* I will inform the Employer and school as soon as possible if my child is absent from the work experience placement.
* **I am aware and agree that the Health & Safety of my child is the responsibility of our chosen placement and that of the parent/carer.**
* **I am aware and agree that the school holds no responsibility for the health and safety of my child whilst on placement during work experience week.**

(If you are in doubt, please consult the Work Experience Coordinator at Davison CE High School for Girls, before signing). |
| **Date:** |  |
| **Parent/Carer signature:** |  |
| **Print Name:** |  |