

# Self-Generated Placement (Parent/Carer, Student) Form Year 10 Experience of the Workplace (Summer Term 2022)

Thorpe St Andrew School and Sixth Form



Window of opportunity: Up to three days between Thursday 21 April to Friday 22 July inclusive but students will need to bear in mind the half-term\* week (Monday 30 May - Friday 3 June) and two week's of Year 10 Assessments\* from Monday 4 - Friday 15 July.

Please complete and return this form to Miss Keegan as soon as your employer has agreed to accommodate you on placement.

## Miss Keegan

Thorpe St Andrew School and Sixth Form,  
Laundry Lane, Norwich, NR7 0XS

This form may also be scanned and emailed to [workexp-tsa@yare-edu.org.uk](mailto:workexp-tsa@yare-edu.org.uk)

|  |                               |
|--|-------------------------------|
| <b>Student Name:</b>   | <b>Form Group:</b>            |
| <b>Student School Email Address:</b>   |                               |
| <b>Date(s) of Placement [Up to three days. They don't have to be consecutive]:</b> |                               |
| <b>Organisation Name:</b>  | <b>Employer Contact Name:</b> |
| <b>Department (if applicable):</b>   |                               |
| <b>Placement Address, incl Postcode:</b>   |                               |
| <b>Email Address:</b>  | <b>Telephone No.:</b>         |

## Health Declaration

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any relevant medical condition that the student is managing, and which the employer, you feel, should be made aware of (eg: asthma):

**To the Student:**

As the student named above, I agree to take part in this Work Experience Scheme.

I also agree to 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, including on social media, without the employer's permission.

I agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

I also agree to inform the employer and Miss Keegan in school, should my Work Experience plans change.

Student Signature:

Date:

**To the Parent/ Carer:**

As the parent/ carer of the student named above, I confirm that I have read and understood this form and agree to his/her/their taking part in the scheme and understand that he/she/they will observe the conditions set out.

I confirm that the information on this form can be passed to the placement provider [and I am happy to pay for any additional costs (subject to discussion\*) for Health and Safety checks to be carried out for placements outside of Norfolk.]

Parent/ Carer Name:

Signature:

Date:

\*Thorpe St Andrew School and Sixth Form works with WEX Norfolk to complete Health and Safety documentation for placements in Norfolk, and with other local authorities for placements beyond Norfolk. Students should contact Miss Keegan should they be interested in a placement outside of Norfolk, so that enquiries can be made as to the cost of undertaking Health and Safety Checks. Charges do vary.

**Students will be notified regarding the status of their Work Experience placement, including relevant details of placement duties, working days and times, lunchtime arrangements, appropriate clothing, etc.**

Please use the space below jot down any questions that you may have regarding Work Experience at this stage and we will get back to you.