



# Cornwall College Group



## Student Work Experience Placement Notification Pack

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Please complete **ALL** sections **before** handing this form to the Employability & Work Experience Coordinator(s) (EWEC).

**You must complete a Work Experience Placement Notification Pack for each placement you wish to undertake.**

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The information you provide on pages 2 and 4 of this form will only be stored and used in the organisation, coordination and supervision of your work experience placement(s).

We (*Employability & Work Experience Coordinators and Cornwall College*) will not share your personal details with anyone outside of our organisation without your full and express permission, and only where it is appropriate and necessary for your work experience placement. In no other circumstances will your information be shared.

If you do not want any relevant information shared with your work placement provider, please state this on page 4. Relevant information includes next of kin contact information, any health issue(s) or learning need(s) that may impact your ability to undertake work experience, and if you have any unspent criminal convictions.

You can request a copy of the personal and work experience placement information we hold about you at any time.



# WORK EXPERIENCE - PLACEMENT NOTIFICATION

1) Student Details		
Last Name	First Name	Date of Birth
Email Address	Telephone	
College Course Title	Course tutor	

2) Work Experience Placement – Company Details	
Company/Organisation providing the placement	
Type of Business	
Placement Contact Name	Placement Contact Number
Placement Contact Email	
Placement Address	

3) Work Experience Placement – Working Dates, Day(s) and Hours						
Placement Start Date		Placement End Date				
Placement Days - <i>please mark the day(s) you will be on placement</i>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Placement work hours – <i>please note that your lunch break <b>does not</b> count towards your hours.</i>						
Start Time		End Time		Breaks/Lunch		

4) Additional Information	
Duties to be undertaken while on placement	
Individual Student needs – Please give any details below	
Health Issues	Learning Needs

Official Use Only			
WPA Received	<input type="checkbox"/>	Hours Log Received	<input type="checkbox"/>
Feedback Received	<input type="checkbox"/>	Be Safe Received	<input type="checkbox"/>

# WORK EXPERIENCE - HEALTH & SAFETY DISCLAIMER



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Learners are to sign below confirming that they have received a copy of the 'Be Safe!' worksheet and understand their responsibilities under Health and Safety at Work. Please ask an EWEC if unsure of your responsibilities.

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Cornwall College as the organiser of this work experience placement accepts its responsibility for assessing, so far as is reasonably practicable, the suitability of the placement to ensure the health, safety and welfare of its students.

Whilst on placement students are required, by law to:

- take reasonable care of their own health and safety;
- not interfere with or misuse anything provided in the interests of health and safety;
- co-operate with the placement provider/employer regarding health and safety matters;
- bring to the attention of the placement provider/employer any problems they discover regarding health and safety.

Cornwall College cannot accept responsibility for the activities of students, or periods of time that are not connected with the placement. It is wholly the responsibility of students to conduct themselves in such a manner so as not to put themselves or other persons at risk of injury or ill health, or cause damage to property or equipment during these periods.

I confirm that I have read the above statement and accept my legal responsibilities for health and safety.

I also confirm that I have been issued with a copy of the 'Be Safe!' worksheet to complete whilst on placement. This is a mandatory requirement and must be completed as part of your work experience with Cornwall College. I confirm that I have received a health and safety briefing and completed the relevant paperwork before starting my work experience placement.

Signature (Student): .....

Date: .....

Print name (Student): .....

# WORK EXPERIENCE – CONSENT FORM



This page is to be completed and signed by ALL students. Any students under the age of 18, or vulnerable adults with special educational needs must also have a Parent/Guardian/Carer sign this form. This gives the necessary authority to the College to arrange and coordinate work placements for you. PLEASE NOTE that in signing this form, your rights are not affected in any way.

I wish to be allowed to undertake the work placement shown on Page 2 Sections 2 and 3, and understand that the College will only agree to the placement after a Placement Suitability Check has been made (if one isn't already in place).

1. I consent to any emergency medical treatment required during the course of the work experience placement.
2. I am not travelling or working against the advice of a Qualified Medical Practitioner.
3. Do you:
  - Suffer from any medical condition requiring regular treatment (e.g. diabetes/asthma)
  - Have any allergies to any form of medication
  - Suffer from any other condition that would preclude you from undertaking the above activities?

If YES to any of the above, please state these below (if not shown on Page 2 Section 4) and supply written details:

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.....

4. I consent to using college transport, if this is to be provided. If the college is not providing transport, I confirm I will make the necessary travel arrangements.

5. Do you have any unspent criminal convictions? YES  NO   
If yes, please provide details:

.....  
.....

*This is only relevant should you be undertaking work experience with Children; Vulnerable Adults; A Legal Environment or within a Financial Institution*

6. Only complete for learning difficulties and disabilities:

Please state the learning difficulty/disability (if not shown on Page 2 Section 4):

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Education Health & Care Plan (EHCP) in place: YES  NO

7. I consent to this information being disclosed to the work placement provider only where appropriate and necessary.

YES  NO

Signature of student: ..... Date: .....

*All students must sign here*

Print Name (Block Capitals): .....

Name of Next of Kin/Parent/Guardian/Carer (Block Capitals): .....

Address .....

Telephone No. .... Mobile. ....

Signature of Parent/Guardian/Carer ..... Date: .....

*If student is under 18, Parent/Guardian/Carer must sign here.*

The College through its employees and agents will at all times take reasonable care of you. If you have an accident or suffer loss of or damage to your personal effects and money, which is not as a result of any lack of care on the part of the College, its employees or agents, the College will not be able to pay any damages or meet any consequent expenses. Similarly if you incur any liability towards a third party in respect, for example, of any injury caused by them to that third party, or damage caused to the third party's property, the College will not be responsible for this unless it can be shown to be at fault in some way. Details of College insurance cover can be provide on request.