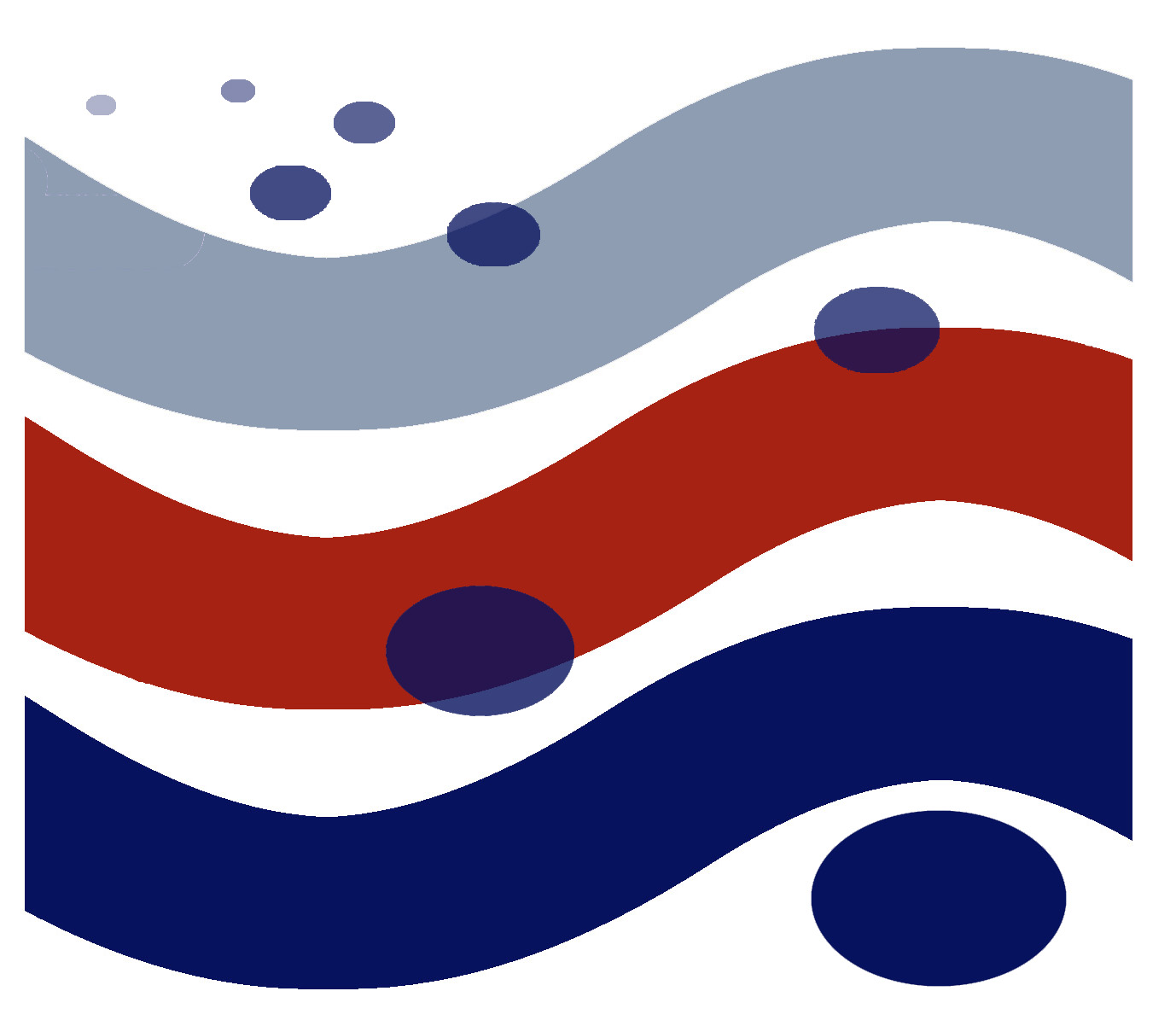
|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Student details |  |
| **Allocated** |  |
| **Company** |  |
|  | |



**PLEASE ENSURE YOU SIGN THIS FORM OVERLEAF**

**AND RETURN TO HEIDI HAIGH VIA 6TH FORM RECEPTION ASAP**

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| 1. **STUDENT PERSONAL DETAILS** | | |
| **Forename(s) …………………………………….** | | |
| **Surname …………………………………………** | | |
| **Address ……………………………………………………………………………………………………................**  **………………………………………………………………………………………………………………………...** | | |
| **Postcode …………………….** | | **Home Telephone Number………………………..………..**  **Student Mobile Number**  **……………….......................................................................** |
| **Date of Birth …………………………….....** | **Tutorial Group**  **……………** |
| **Have you got an up-to-date CV prepared? Yes/No** | | **Main Parent/Carer Contact Mobile Number ……………………………………………………………… Parent Email:……………………………………………...** |

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| 1. **HEALTH FACTORS:** | | |
| Information we should know about, eg if you have had a serious injury or illness over the last six months which may affect your placement. ………………………………………………………………………..  ……………………………………………………………………………………………………………..  Some health problems can affect your choice of Work Experience Placement. Tell us if suffer from anything listed below by ticking the appropriate condition:  **Please confirm that this information can be shared with your employer:**  **Are you in agreement that any of the Health Factors can be shared with an employer? Yes / No** | | |
|  | **Mild** | **Severe** |
| 1. Skin Allergy eg eczema |  |  |
| 1. Defective Colour Vision |  |  |
| 1. Eyesight (not applicable if only glasses worn) |  |  |
| 1. Hearing |  |  |
| 1. Physical Movement – please give details above |  |  |
| 1. Speech |  |  |
| 1. Diabetes |  |  |
| 1. Migraine |  |  |
| 1. Epilepsy |  |  |
| 1. Respiration e.g Asthma |  |  |
| 1. Any others not listed – please give further details: |  |  |

**Compulsory: Parental Consent Forms and Job Descriptions will be issued to students in due course. A copy of both forms to be returned to Mrs Haigh signed by both student and parent before each placement starts.**

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| 1. **EXTERNAL PLACEMENT AND SUPPORT** |
| **Students will liaise direct with employers / parents to organise their own External Placement which will take place from 8th to 12th July 2019. Timings would be at the Employers discretion ie every day from 9.00am – 5.00pm.** **100% attendance will be required.** When students contact employers for work experience placements, we remind them to use a formal and appropriate style of writing and also to enclose a CV**.**  ***The Employer’s Appendix Form should be completed with all the details of the placement and returned to Mrs Haigh by the deadline date of*** ***THURSDAY 20TH December 2018***. Health & Safety inspections prior to the placement taking place could take up to 12 weeks. **If you have any queries, please do not hesitate to contact Mrs Haigh in the Careers Office by email on** [**h.haigh@brighouse.calderdale.sch.uk**](mailto:h.haigh@brighouse.calderdale.sch.uk) **or mobile on 07946 329189** |

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| 1. **STUDENT INTERVIEW/INDUCTION** |
| **Please contact your Employer prior to the start of your Work Experience to arrange an interview/induction and go through the final details and requirements in the work place. *Please tick here to confirm that you have read this: ……..*** |

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| 1. **STUDENT’S SIGNATURE -**   **C&K Careers is our local Careers Service to help all young people age 12 – 19.** |
| I confirm that the information on this form can be shared within the Careers Service to help me fulfil my future goals. The health information on this form is correct.  **Name**………………………………….**Signature**……………………………**Date** …………………. |
| 1. **PARENT/CARER COMMENTS AND SIGNATURE** |
| I agree that my son/daughter can go on work experience for the dates specified. I confirm I will support my son/daughter with both their organising of an external placement and any travel arrangements that are required. The health information on this form is correct.  **Name** ………………………………. **Signature** ………………………… **Date** ……………………. |

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| 1. **TRAVEL *- Please tick here to confirm that you have read this: …….*** |
| **To get the placement of your choice you may have to travel further afield:** be prepared to take the initiative and organise your placement e.g. in London. Accommodation and costs will be involved, so take advice from parents to see if this can be achieved! |
| 1. **WORK EXPERIENCE ABROAD - *Please tick here to confirm that you have read this: …….*** |
| **C&K Careers do not authorise any Work Placements that take place abroad.** **Parents would have full responsibility for any placement organised, any costs involved and it would be a private arrangement.** Brighouse High School will not be responsible for any costs involved in any Work Placements that take place abroad. |
| 1. **WORK EXPERIENCE DURING SCHOOL HOLIDAYS - *Please tick here to confirm that you have read this: …….*** |
| **Any work experience carried out during school holidays, please note that this will be a private arrangement between the employer, parent and student.** Health & Safety inspections will not be carried out by Brighouse High School/C&K Careers and the student will not be monitored by school staff whilst on their placement. We ask parents/carers to ensure that they are clear of where their son/daughter will be placed and support them with any travel arrangements. The student will receive guidance in college of appropriate dress and expectations during a placement. |

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| **OFFICE USE ONLY: WORK EXPERIENCE INTERVIEW NOTES** |
| **Form received by (staff initials): Date: Time:**  **What are your plans after Year 13?** University / Apprenticeship / Job / Gap Year / Other (please state):  **What Subject/Job area are you interested in?**  **What subjects are you taking?**  **1. ………………………..** **2. ……………………….. 3. ……………………….. Favourite ………………………..**  **Notes – Work Experience:**  **Calderdale & Huddersfield Hospital placement. This will take place from 15th – 19th July 2019 (last week of term). Interviews take place on Wednesday 12th December 2018 between 12.00-1.15pm at Sixth Form.**  **Handed forms to complete and return?** Yes/No  **Bradford Hospital placement (must have BD postcode to apply direct)** Yes/No  **Has the student contacted an Employer already? Yes/No Who and where are they based? ………………………………** |