

**WORK EXPERIENCE**

**STUDENT APPLICATION FORM (SAF) 14.15**

This form should be completed neatly in black ink and signed by you and your parent/guardian. The information given on this form will help to support an appropriate placement so please complete it all. Relevant information will be forwarded to the placement provider. This form **must** be completed and returned by the given deadline for you to proceed with the work experience process.

<b>School/College Name</b>	<b>GOSFORD HILL SCHOOL</b>	<b>Work Experience dates</b>	<b>11<sup>th</sup> - 15<sup>th</sup> June 2018</b>
<b>Work Experience co-ordinator Name</b>	<b>Vikki Franklin</b>	<b>School Tel. No.</b> <b>Out of hours No.</b>	<b>01865 374971</b>

<b>Student Name</b>		<b>Form/Tutor group</b>	
<b>Date of Birth</b>		<b>Male/Female</b>	
<b>Home Address</b>		<b>Home Tel. No.</b>	
		<b>Mobile No.</b>	
<b>Post Code</b>		<b>Email address</b>	
<b>Emergency Contact name</b>		<b>Emergency Tel. Numbers</b>	
<b>Relationship to student</b>			

<b>List the subjects you are studying</b>		<b>Which three subjects do you like most</b>	
		<b>List any Saturday jobs, after school, holidays jobs or voluntary work you have had</b>	
<b>List any interests or hobbies you have</b>		<b>List any achievements you have, such as music exams, sports certificates / awards, Duke of Edinburgh Award, School awards etc</b>	

**PARENT/GUARDIAN- please complete this section**

Please indicate below any medical condition/s and/or special needs this student has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment.

Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties, Failure to notify us of any condition could put a student at risk.

## YOUR PLACEMENT

Which organisation(s) have you approached		
Is your Student Own Placement form attached or to follow Please circle	<b>Attached</b>	<b>To follow</b>

**PLACEMENTS CAN NOT BE PROCESSED WITHOUT A COMPLETED STUDENT OWN PLACEMENT FORM AND AN APPLICATION FORM PLACEMENTS THAT ARE OUTSIDE OF OXFORDSHIRE TAKE LONGER TO PROCESS**

State **three** completely **different** types of work experience that interest you :  
PLEASE NOTE SOME PLACEMENTS ARE IN SHORT SUPPLY

<b>1</b>	
<b>2</b>	
<b>3</b>	

If you are interested in teaching or childcare please note you should not go the primary school that you attended.  
Give details of your previous primary school

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<b>Please list where you can travel to.</b>	<b>Think carefully about how you are going to get there</b>
<b>1</b>	<b>3</b>
<b>2</b>	<b>4</b>

<b>How will you be getting to your placement?</b>	<b>Please tick</b>
I will need to get myself to my placement ie bus/bike/walk	
I am able to get a lift to my placement	

## STUDENT AGREEMENT

- I agree to participate in a Work Experience placement with an employer that will be confirmed at a later date.
- I agree to hold in confidence any information about the employer's business that I may obtain during the placement and not to disclose such information to any other person without the employer's permission.
- I agree to observe all health, safety, security and other rules laid down by the employer and made known to me verbally, in writing, or by displayed instructions.

<b>Student signature</b>		<b>Date</b>	
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## PARENT/GUARDIAN AGREEMENT

- I agree in principle to the above student undertaking work experience. I understand confirmation of the placement with further details will be sent at a later date.
- I have provided any relevant medical information as required
- I understand that parents/guardians have responsibility for safety whilst the student is travelling to and from the placement.
- I understand that the employer has responsibility to ensure that so far as is reasonably practicable all necessary health and safety measures will be taken during the placement and will share risk assessment information with me
- I understand that the employer will have to satisfy the Oxfordshire Work Experience standard relating to insurance cover and health and safety
- I understand I must inform the employer & school of any absence during the work placement
- I understand Oxfordshire Work Experience will hold information regarding students on their database and will share this with employers where necessary

<b>Parent/Guardian signature</b>		<b>Date</b>	
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**PLEASE RETURN THIS FORM BY FRIDAY 15<sup>th</sup> DECEMBER 2017**