



North East
Learning Trust



Work Experience Placement Form

Please ensure that as much information as possible is filled in and that handwriting is legible.
Have a great placement!

<u>To be completed by the student</u>			
Full Name:			
School:			
Medical Conditions/allergies:			
DOB:			
Placement Start Date:		Placement End Date:	

Placement Details-To be Completed by the Business/placement provider:	
Business Name:	
Business Email:	
Business Address:	
Business Postcode:	

Insurance Type: <i>Tick appropriate boxes</i>	Public		Employer		Combined	
Main Contact Details:						
First Name:						
Surname:						
Phone Number:						
Email:						
Location of Placement if different from above:						
Description of Duties:						
Dress Code/PPE: <i>PPE provided?</i>						
Meal/Refreshment Arrangements:						
Proposed working days and times						
Mon:	Tues:	Wed:	Thur:	Fri:		

Continued:



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To be completed by the business/placement provider:

Data Protection Agreement

Data processing notice: In order to allow us to organise work experience placements, we need the personal information requested in this form. By completing this form, you are providing us (North East Learning Trust) with your personal data. We will only use the data provided in this form for the purposes of organising and arranging work experience placements.

We retain work experience application forms for 3 years (archived) after the placement completion date, unless we have an obligation to record it otherwise (for example in case of accident or incident reporting.) Data subjects have the right; to object to or restrict processing of their personal data; of access to, correction or erasure of their personal data; to portability of their personal data; to withdraw their consent where consent is the lawful basis for processing personal data; and to complain to the ICO regarding the processing of their personal data. You can ask us to amend or delete your personal data at any time in line with data subject rights.

Data Projection Section for the Work Placement, Read and Agreed by (Signed by Business Contact):

Name:

Date:

Signature:

To be completed by the parent/carers:

Parent/Carer Agreement

As a responsible parent/guardian I agree to the above named student participating in the work experience at the above arranged placement.

Name:

Relationship to Student:

Signature:

Date:

To be completed by the school:

School Agreement

I agree to this placement, subject to a successful health and safety and vetting assessment.

Name:

Position:

Signature:

Date: