Please print carefully in block capitals

|  |  |  |  |
| --- | --- | --- | --- |
| **School** |  | **Dates of Work****Experience** |  |
| **Student****Name** |  |
| **Home Postcode** |  | **Month & Year of birth** |  |

The section below must be completed by the employer who has agreed to take you on placement

All placements are subject to a pre placement visit by the EBP

|  |
| --- |
| **Placement Details, Insurance & Employer Agreement** |
| Company Name |  | Contacts Name |  |
| Company Address & Postcode |  | Position |  |
| Telephone No |  |
| Is this a homeAddress? |  |
| Email Address |  | How is the student known to you? |  |
| Main tasks the student will undertake |  |
| I………………………….……….……………(name) from ………….………………………………..…..(company) am authorised to offer the work placement as detailed above.  |
| Employers Liability Insurance held with  |  |
| Policy No |  | Expiry Date |  |
| Signed\* |  | Date |  |
| **Please can you attach a copy of the current Employers Liability Certificate to this form** |

|  |
| --- |
| **Parent/Student Agreement** |
| I understand that this placement will not be definite until it is confirmed by the EBP and insurance and pre placement check has been made. Please note there will be a charge for placements outside Berkshire. |
| **Student Signature\*** |  | Date |  |
| **Parent/Guardian Signature\*** |  | Date |  |

\* By signing this you are confirming you have read, understood and agreed to how we are going to use and store your personal information (Detailed overleaf)

|  |  |  |  |
| --- | --- | --- | --- |
| **EBP ADMIN** | **DETAILS** | **DATE** | **INITIALS** |
| **PLACEMENT** |  |  |  |
| **EMPLOYERS LETTER & RF** |  |  |  |
| **STUDENT DESCRIPTION**  |  |  |  |
| **STAFF VISIT** |  |  |  |

**Student: How information about you will be used**

Members of the EBP work experience team will use the information you share with us to make informed choices about which companies may be suitable for your work placement.

**How long we will keep information about you**

We will keep your information until you are 25 years old, which is a legal requirement.

**Who we will share your information with**

We will share your name and school with the work provider where you carry out your work experience placement. This is so that they can prepare for your work placement.

**If you need any further information**

Please email us at info@ebpwb.co.uk or to view our privacy policy, please visit our website <http://educationbusinesspartnership.co.uk/privacy-policy/>

**Work Placement Provider:** **How information about you will be used**

Members of the EBP work experience team will store this information about your organisation on our secure database. Some of the information will be given to the relevant schools and students that have work experience placements with you.

**How long we will keep information about you**

We review our database on an annual basis and will destroy records of organisations that have not had a work experience placement for over 10 years.

**Who we will share your information with**

We will give your name, company name, address, email address and telephone number to the school which will also be given to the student and their parents. This is so that they can prepare for the work experience placement.

**If you need any further information**

Please email us at info@ebpwb.co.uk or to view our privacy policy, please visit our website <http://educationbusinesspartnership.co.uk/privacy-policy/>