#### **Hardenhuish School**

A High Performing Academy

#### Year 10 Work Experience 2024 Parent IAG

#### Vicky Brenton – Careers & Transition Manager

- 1 to 1 careers guidance appointments
- Work experience for Year 10 and Year 12
- Employer, Apprenticeship, University and College events including careers fairs, talks, mock interviews and workshops
- Y11 Sixth Form applications & interviews
- UCAS applications

## Work Experience Week

# The last full week of this school year: Monday 15 – Friday 19 July 2024

Supported by school and fantastic opportunity!

Compulsory for all pupils

# What is the purpose of work experience?



- Gain an understanding of careers
- Essential for some careers
- Develop employability skills
- Provide evidence of interests and skills for personal statement or CV
- Help with subject choices next year

#### Year 10 WEX - feedback

- 94% of pupils enjoyed Work Experience
- Fantastic feedback from employers!

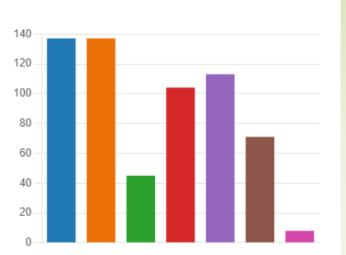
Dio	d you enjoy your work e	xperience?	
Mor	e Details		
•	Yes No	156 11	

#### Year 10 WEX - feedback

#### Work experience has helped you to (tick all that apply):

#### More Details





What was the best thing about work experience?



Latest Responses "helping out "

"The independence that we were given when working "

"gaining an experience of how a business is operated"

# Finding a Placement

- Pupils should start by thinking about the type of placement they would like and then research different companies
- Pupils need to pick something they think they will enjoy

   we want it to be a positive experience!
- Placements do not need to be what they want to do as a future career
- Make contact with the company to ask if they can offer work experience

#### **Finding a Placement**

- Placements can be anywhere in the UK
- Placements can be working with a parent, family member or family friend
- Virtual Work Experience done from home is allowed

To get the best placements start this process early!

#### Placement ideas – to help you get started!

- Accountants
- Architects
- Art Studios
- Care homes
- Charities
- Churches
- Dance schools
- Pet groomers/ dog walkers/ Kennels
- Engineering or IT Companies
- Estate Agents
- Farms
- Garages/ Mechanics
- Gardening/Grounds Maintenance
- Gyms/ Sports Centres
- Hair and Beauty Salons/ Spas

- Laboratories
- Local Government
- Medical settings/ Hospitals/ Doctors
- Military
- Museums
- Office Work
- Restaurants/ Hotels/ Cafes
- Primary Schools/ Preschools/ Nurseries
- Shops/ Supermarkets
- Solicitors/ Courts
- Theatres
- Universities
- Vets
- Wildlife Rescue Centres



# Check company websites for their work experience process

BBC Osign in News Sport Weather iPlayer TV Radio CB	BBC More - Search Q
About the BBC Home Inside the BBC Media Centre Partne	ers & Suppliers Careers Help & Feedback A–Z
CAREERS	73 🖌 < Share 🛛 💽
<b>*</b>   Vacancies   Trainee schemes & apprenticeships       Work experience       What we do         Help with applying   Past candidates	o Why join us? BBC staff area Help
Apply for work experience	Work experience FAQs         Get the answers to some common questions         Introduction to Radio Operations         Introduction to Radio Operations         Introduction to Radio         Introduction to Radio         Operations
Cureldy testus isodar Curerces (View the text below in Welch	Kick-start your technical and operational career Work Experiences
Gweld y testun isod yn Gymraeg / View the text below in Welsh We are no longer accepting applications for work experience for placements in January, February and March 2016.	

# **Work Placement Form**

- Spare copies available from tutors, the Year 10 Office or the school website
- Must be completed by student, parent/guardian and employer
- Employers signature can be digital

# Forms will not be accepted with missing signatures

 Please ensure the employer has emergency contact details and any specific learning or medical requirements prior to the start of the placement

Contact Number: Direct Line: Fax: Email: Fax: Email: Far Health & Sofety Verification of this placement please complete the Employers Liability Insurance (ELI) and Public Liability Insurance (PLI) details below. Without ELI and PLI the placement coannot be approved. Please contact the Work Related Learning Office at the school if you have any auestions. Insurance Company Policy Number Expiry Date As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Sofety at Work Act. I give consent for my details to be shared with the student, parent ggd gliq held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. Tick here if you do consent  Signed	Year 10 Work Experie 13 – 16 July 2020	ence Placement Form Pupil Name:
Company Name:       Contact Name:         Address:       Direct Line:         Fax:       Email:         As a representative of the above employer!       agrees to the student named above working on my premises and acknowledge my responsibilities under         Fax:       Student be student named above working on my premises and acknowledge my responsibilities under         Student be worked at Work Act.       Ig we consent I         Student be worked at Work Act.       Date         Student be worked at Work Act.       Position in Company         Dot Title and Duties:       Place         Stigned		Year & Tutor Group:
Company Name:       Contact Name:         Address:       Direct Line:         Fax:       Email:         As a representative of the above employer!       agrees to the student named above working on my premises and acknowledge my responsibilities under         Fax:       Student be student named above working on my premises and acknowledge my responsibilities under         Student be worked at Work Act.       Ig we consent I         Student be worked at Work Act.       Date         Student be worked at Work Act.       Position in Company         Dot Title and Duties:       Place         Stigned		
Address: Contact Number:  Pax:  Enail:  Far Health & Sofety Verification of this placement please complete the Employers Liability insurance (ELI) and Public Liability Insurance (PLI) details below. Without ELI and PLI the placement cannot be approved. Please contact the Work Related Learning Office at the school if you have any constraince Company  Policy Number  Expiry Date  As a representative of the above employer 1 agree to the student named above working on my premises and acknowledge my responsibilities under the health & Safety Work ALL if we consent for my the consent for my with the student, parent agging held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events.  Tick here if you do consent  Signed		Contract Marine
Contact Number: Direct Line: Email: Email: Email: Contact Number: Company Contact Nu	company Name.	contact varie.
Pax: Email: End Public Liability Insurance (FLI) and Public Liability Insurance (FLI) details below. Without Eliand Public placement cannot be approved. Please contact the Work Related Learning Office at the school if you have any auestions. Insurance Company Policy Number Expiry Date Expiry Date As a representative of the above employer 1 agree to the student named above working on my premises and acknowledge my responsibilities under the Heath & Safety Work Act. I give consent for my details to be shared with the student, parent gog glog held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. It is there if you do consent Signed	Address:	
For leadth & Safety Verification of this placement please complete the Employers Liability Insurance (ELI) and Public Liability Insurance (PLI) details below. Without ELI and PLI the placement cannot be approved. Please contact the Work Related Learning Office at the school if you have any auestions. Insurance Company Policy Number Expiry Date As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Ac. I give consent for my details to be shared with the student, parent ggg glog held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. Tick here if you do consent Signed	Contact Number:	Direct Line:
below. Without EU and PU the placement cannot be approved. Please contact the Work Related Learning Office at the school if you have any assistance. Company Policy Number Expiry Date As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Act. I give consent for my details to be shared with the student, parent agg gigg held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. Tick here if you do consent Signed	Fax:	Email:
Policy Number Expiry Date At a representative of the above employer I agree to the student named above working on my premites and acknowledge my responsibilities under the Health & Safety at Work Act. I give consent for my details to be shared with the student, parent gg gligg held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. Tick here if you do consent	below. Without ELI and PLI the placement can questions.	
Expiry Date         As a representative of the above employer 1 agree to the student named above working on my premises and acknowledge my responsibilities under the leadth & Safety at Work Act. I give consent for my details to be shared with the student, parent agg gigt held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events.         Tick here if you do consent		
As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Act. 1 give consent for my details to be shared with the student, parent agg gigg held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events. Tick here if you do consent		
Job Title and Duties: Please use this space to give a brief description of duties the pupil will perform on their placement and to hele establish the level of Health and Safety check required. Working Hours: Lunch Arrangements: Clothing Requirements: Student Details Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Telephone Sumber (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work experience programme. I also agree to hold in confidence any information to another person without the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: As parent/guardian of the student named above I agree to his/her taking part in this scheme and andertake that he/she will observe the conditions so cut understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form bein shared with the employer.		
Job Title and Duties: Please use this space to give a brief description of duties the pupil will perform on their placement and to hele establish the level of Health and Safety check required. Working Hours: Lunch Arrangements: Clothing Requirements: Student Details Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Telephone Sumber (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work experience programme. I also agree to hold in confidence any information to another person without the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: As parent/guardian of the student named above I agree to his/her taking part in this scheme and andertake that he/she will observe the conditions so cut understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form bein shared with the employer.	Tick here if you do consent 🖵	Date
Lunch Arrangements: Clothing Requirements: Student Details Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to abserve edi softy, scenarity and other regulations in place by the Employer and make known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: Dat	Signed	Position in Company
Clothing Requirements: Student Details Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Parent's email address: if your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may back and the the traployer is a student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may bacin during this work period and not to disclose any such information to another preson without the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: As porent/guardian of the student named above I agree to his/her taking part in this scheme and undertake thas. I agree to information on this form bein shared with the employer.	Signed	Position in Company. e to give a brief description of duties the pupil will perform on their placement and to he
Student Details Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to nonfidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to nonfidence any information about the Employer's permission. I also agree to abserve all sefty, scenarity and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: As parent/guardian of the student named above I agree to his/her taking part in this scheme and andertake that he/she will observe the conditions is out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form bein shared with the employer.	Signed	Position in Company. e to give a brief description of duties the pupil will perform on their placement and to he
Emergency Contact (whilst pupil is on placement): Telephone Number (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's expression. I also agree to abserve edi sety: scenariy and other regulations in place by the Employerer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Date: D	Signed Name (Printed) Job Title and Duties: Please use this spac establish the level of Health and Safety of Working Hours: Lunch Arrangements:	Position in Company. e to give a brief description of duties the pupil will perform on their placement and to he
Telephone Number (whilst pupil is on placement): Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to abserve oil safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Pupil Signature: Date:	Signed	Position in Company. e to give a brief description of duties the pupil will perform on their placement and to he
Parent's email address: If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience pragramme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to abserve oil safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Sa parent/yearning of the student named above I agree to his/her taking part in this scheme and terfore the the/she will observe the conditions so part. I understand it is my responsibility to inform the employer of any medical conditions my child has. ( agree to the information on this form bein shared with the employer.	Signed	Position in Company re to give a brief description of duties the pupil will perform on their placement and to he heck required.
If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below. As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's emmission. I also agree to abserve all safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature: Pupil Signature: Pupil Signature and other to also agree to his/her taking part in this scheme and undertake that he will observe the conditions us L understand it is my responsibility to inform the employer of any medical conditions my child has. Lagree to the information on this form bein shared with the employer.	Signed	Position in Company re to give a brief description of duties the pupil will perform on their placement and to he heck required.
As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to abserve oil sofety, security and other regulations in place by the Employere and made known to be either by the Employer's perpresentatives or by displayed instructions. I give consent for this form to be shared with the Employer. <b>Dupli Signature:</b>	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. ement):
Employer's business which it may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to abserve all safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer. Pupil Signature:	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. :ement):
As parent/guardian of the student named above I agree to his/her taking part in this scheme and undertake that he/she will observe the conditions so out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this farm being shared with the employer.	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. :ement):
As parent/guardian of the student named above I agree to his/her taking part in this scheme and undertake that he/she will observe the conditions so out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this farm being shared with the employer.	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. ement): ement): edical requirements that the employer needs to be aware of please list them below. rt in this work experience programme. I also agree to hold in confidence any information about the this work period and not to disclose any such information to another person without the Employer's carry and other period and not to disclose any such information to another person without the Employer's carry and other regulations in place by the Employer and made known to be either by the Employer's
Darant Simatura Data	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. tement): tement): dedical requirements that the employer needs to be aware of please list them below. If in this work experience programme. I also agree to hold in confidence any information about the this work period and not to disclose any such information to another person without the Employer's teaurity and other regulations in place by the Employer and made known to be either by the Employer's tive consent for this form to be shared with the Employer.
	Signed	Position in Company te to give a brief description of duties the pupil will perform on their placement and to he heck required. tement): tement): delical requirements that the employer needs to be aware of please list them below. rt in this work experience programme. I also agree to hold in confidence any information about the this work period and not to disclose any such information to another person without the Employer's tearing and other regulations in place by the Employer and made known to be either by the Employer's the consent for this form to be shared with the Employer. Date: re l agree to his/her taking part in this scheme and undertake that he/she will observe the conditions s

#### **Form Deadline**

#### Hand completed form to Tutor by:

#### 4 March 2024

#### **Competition time!**

#### Hand completed form to tutor by: 4 March 2024

First Tutor Group to 80% wins a pizza delivery!



#### **Health & Safety Process**

- Once the form is handed in, we arrange for the placement to be health and safety approved. This can take several weeks
- The school may contact parent/pupil, if there are any issues with the placement

#### Insurance

- Work Experience pupils have the same status as employees.
- Employers must have Employer's Liability and Public Liability Insurance that covers pupils for the length of placement.
- Cover: Injury to pupils or others; damage to or loss of employer's or pupil's property at the place of work.

#### **Before the Placement**

- Pupil should make contact with employer a few weeks before placement to ensure they know:
  - Where to go and who to meet
  - Uniform or clothing requirements
  - Working hours and lunch arrangements

# **During WEX week**

- WEX Diary to complete
- Member of staff will visit or contact the pupil whilst on WEX placement to check that pupil and employer are happy
- Pupil to contact the employer and school if they are sick and unable to attend their placement by 8:30am on each day of absence.

#### What next?

- Work experience will be launched to pupils in assembly
- This will be followed by tutor sessions next term about organising WEX
  - Looking at skills and qualities to match careers
  - Contacting employers
  - Action planning

#### **Support Available**

Seek help if needed:

- Tutors pupils should discuss their WEX planning with their tutor during one-to-one mentoring
- The Year 10 Office
- Ms Brenton in the Careers Office at the top of the stairs in Sixth Form at break or lunchtime – ideas and contacts

Please direct any questions at any time during the process to:

- Vicky Brenton <u>VJB@hardenhuish.wilts.sch.uk</u>

This is a great opportunity - please encourage students to challenge themselves while seeking a placement and to start looking now!