

Student Name: ..... Form: .....



# JOSEPH LECKIE ACADEMY

## WORK EXPERIENCE JULY 2022

We greatly value the opportunity you provide for our students to experience the world of work in a supportive environment. Please complete and return the form below to:

Mrs Ebanks-Powell/Mrs Kam Matharu Work Experience Coordinators  
Joseph Leckie Academy, Walstead Road West, Walsall, WS5 4PG  
**Tel No.:** 01922 721071 ext. 205/266      **Fax No.:** 01922 641497  
**Email:** [postbox@josephleckieacademy.co.uk](mailto:postbox@josephleckieacademy.co.uk)      **Principal:** Mr J.Ludlow

Company Name: .....

Company Address: .....

Work Experience Supervisor: .....

Tel No.: ..... Fax No.: .....

Email .....

Authorised Company Contact Name: ..... Date .....

Date	Duration	No. of Pupils	Nature of Job	Year Group
Monday 11th - Friday 15th July 2021	5 Days	(please complete)	(please advise)	Year 12 (16 -17 years)

### Reminder: Preliminary Visit

Students will now arrange with employers directly to sort out suitable date and time (preferably after 3.30pm). This visit will help students familiarise with location and the people they will be working with.

### Data Protection (GDPR)

The Academy takes data protection extremely seriously and is mandated to conform to the GDPR to protect student's data. As a work experience provider you will need to assist the Academy in ensuring compliance with the GDPR. Please tick to confirm the following:

- We agree that we will only use the information provided to us to facilitate work experience.
- We agree that we will not pass this information to any other parties without consent from JLA.
- We agree that we will notify JLA immediately of any data breaches.
- We agree that we will securely delete or return the student data at the end of the work experience.

**Risk Assessment**

Our Work Experience Support Services (WESS - 01543 889552) has the legal responsibility to check all our placements to ensure they meet Health and Safety requirements (You are probably aware that no student can go on a placement unless it has been Risk Assessed).

In order to simplify the process and improve the management of our Work Experience programme, please could you read and complete the questions overleaf. If you wish to discuss any of these issues before returning the form please contact us. There is also a Feedback box for your comments.

1. Is your company's Employers' Liability Insurance current? Yes  No

Please specify renewal date and policy no.:

Date: ..... Policy No.: .....

2. Will the student be working at your company address? Yes  No

If NO please specify other address(es):

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3. Will student be travelling in a vehicle provided by your firm or employee in your firm? Yes  No

If YES please specify how many people will be in the vehicle and the purpose of the journey:

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4. Will student(s) be working outside the hours of 8.00am - 5.00pm? Yes  No

If YES specify hours and provide daytime/evening contact numbers:

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Employer Feedback:

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Thank you for your interest and support.