

Student Name

JOSEPH LECKIE ACADEMY

WORK EXPERIENCE JULY 2019

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:

Mr Ben Edge/Mrs Kam Matharu

Work Experience Co-ordinators

Joseph Leckie Academy

Walstead Road West, Walsall, WS5 4PG

Telephone No. 01922 721071 exts 205/266

Fax No. 01922 641497

E-mail postbox@josephleckieacademy.co.uk

Principal : Mr Keith Whittlestone

Company Name.....

Company Address.....

Work Experience Supervisor.....

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

E-mail

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

Date	Duration	No. of Pupils	Nature of Job offered	Year Group
Monday 15 th – Thursday 18 th July 2019	Four 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 3.30 pm) This visit will help students familiarise with location and the people they will be working with.

EMPLOYER CHECK LIST:

To improve the management of our Work Experience programme, please could you read and complete the questions overleaf. Thank you

EMPLOYER CHECK LIST; 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, please could you answer the following questions. If you wish to discuss any of these issues before returning the form please contact us. There is also a Feedback box below for your comments. Thank you for your interest and support.

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

Please specify renewal date and policy number.

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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 8.00 am – 5.00 pm?

Yes No

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

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Employer Feedback: