

Cornwall College Group

Student Industry Placement & Work Experience Notification Pack



Please complete **ALL** sections **before** handing this form to the Industry Placement & Work Experience Coordinator(s) (IPWEC).

You must fully complete a Work Placement Notification Pack for each placement you wish to undertake.

The information you provide on pages 2 and 4 of this form will only be stored and used in the organisation, coordination and supervision of your work experience and industry placement(s).

We (*Industry Placement & Work Experience Coordinators and Cornwall College*) will not share your personal details with anyone outside of our organisation without your full and express permission, and only where it is appropriate and necessary for your work placement. In no other circumstances will your information be shared.

If you do not want any relevant information shared with your work placement provider, please state this on page 4. Relevant information includes next of kin contact information, any health issue(s) or learning need(s) that may impact your ability to undertake a work placement, and if you have any unspent criminal convictions.

By signing this form on page 4, you hereby consent to the processing of your personal data in line with the Cornwall College **Student** Privacy Notice available at available at www.cornwall.ac.uk/governance/your-information

WORK PLACEMENT NOTIFICATION

1) Student Details

Last Name	First Name	Date of Birth
Email Address		Telephone
College Course Title		Course tutor

2) Work Placement – Company Details

Company/Organisation providing the placement		
Type of Business		
Placement Contact Name		Placement Contact Number
Placement Contact Email		
Placement Address		

3) Work Placement – Working Dates, Day(s) and Hours

Placement Start Date		Placement End Date				
Placement Days - <i>please mark the day(s) you will be on placement</i>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Placement work hours – <i>please note that your lunch break does not count towards your hours.</i>						
Start Time		End Time		Breaks/Lunch		

4) Additional Information

Duties to be undertaken while on placement			
Individual Student needs – Please give any details below			
Health Issues		Learning Needs	

Official Use Only

WPA Received <input type="checkbox"/>	PSV in date <input type="checkbox"/>
Hours Log Received <input type="checkbox"/>	Insurance in date <input type="checkbox"/>
Feedback Received <input type="checkbox"/>	Safeguarding <input type="checkbox"/>

WEX Type

Industry Placement <input type="checkbox"/>	Supported Internship <input type="checkbox"/>
Mandatory <input type="checkbox"/>	HE <input type="checkbox"/>
Study Programme <input type="checkbox"/>	

WORK PLACEMENT HEALTH & SAFETY DISCLAIMER

ALL learners **must** sign below confirming that they will complete the 'Be Safe!' worksheet whilst on placement, and will attend a Health and Safety briefing at the beginning of the academic year to help them understand their responsibilities under Health and Safety at Work. Please ask an IPWEC if unsure of your responsibilities.

Cornwall College as the organiser of this work experience placement accepts its responsibility for assessing, so far as is reasonably practicable, the suitability of the placement to ensure the health, safety and welfare of its students.

Whilst on placement students are required, by law to:

- take reasonable care of their own health and safety;
- not interfere with or misuse anything provided in the interests of health and safety;
- co-operate with the placement provider/employer regarding health and safety matters;
- bring to the attention of the placement provider/employer any problems they discover regarding health and safety.

Cornwall College cannot accept responsibility for the activities of students, or periods of time that are not connected with the placement. It is wholly the responsibility of students to conduct themselves in such a manner so as not to put themselves or other persons at risk of injury or ill health, or cause damage to property or equipment during these periods.

I confirm that I have read the above statement and accept my legal responsibilities for health and safety.

I also confirm that I will complete the Be Safe worksheet whilst on placement which is a mandatory requirement for work experience with Cornwall College. I confirm that I will attend a Health and Safety briefing and after completing the relevant session(s), will wait to be told when I can start my work experience placement.

Signature (Student):

Date:

Print name (Student):

WORK PLACEMENT CONSENT FORM

This page is to be completed and signed by **ALL** students. Any students under the age of 18, or vulnerable adults with special educational needs must also have a Parent/Guardian/Carer sign this form. This gives the necessary authority to the College to arrange and coordinate work placements for you. PLEASE NOTE that in signing this form, your rights are not affected in any way.

I wish to be allowed to undertake the work placement shown on Page 2 Sections 2 and 3, and understand that the College will only agree to the placement after a Placement Suitability Check has been made (if one isn't already in place).

1. I consent to any emergency medical treatment required during the course of the work experience placement.
2. I am not travelling or working against the advice of a Qualified Medical Practitioner.
3. Do you:
 - Suffer from any medical condition requiring regular treatment (e.g. diabetes/asthma)
 - Have any allergies to any form of medication
 - Suffer from any other condition that would preclude you from undertaking the above activities?

If YES to any of the above, please state these below (*if not shown on Page 2 Section 4*) and supply written details:

-
4. I consent to using college transport, if this is to be provided. If the college is not providing transport, I confirm I will make the necessary travel arrangements.

5. Do you have any unspent criminal convictions? YES NO
If yes, please provide details:

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This is only relevant should you be undertaking work experience with Children; Vulnerable Adults; A Legal Environment or within a Financial Institution

6. Only complete for learning difficulties and disabilities:
Please state the learning difficulty/disability (*if not shown on Page 2 Section 4*):

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Education Health & Care Plan (EHCP) in place: YES NO

7. I consent to this information being disclosed to the work placement provider only where appropriate and necessary.
YES NO

Signature of student: Date:

Print Name (Block Capitals):

Name of Next of Kin/Parent/Guardian/Carer (Block Capitals):

Address

Telephone No. Mobile.

Signature of Parent/Guardian/Carer Date:

The College through its employees and agents will at all times take reasonable care of you. If you have an accident or suffer loss of or damage to your personal effects and money, which is not as a result of any lack of care on the part of the College, its employees or agents, the College will not be able to pay any damages or meet any consequent expenses. Similarly if you incurs any liability towards a third party in respect, for example, of any injury caused by them to that third party, or damage caused to the third party's property, the College will not be responsible for this unless it can be shown to be at fault in some way. Details of College insurance cover can be provide on request.