



Taverham Sixth Form
One vision. Our passion. Your future.

Beech Avenue
Taverham
Norwich
NR8 6HP

Telephone 01603 861758 (direct line)
01603 860505 (main office)

E-mail 6thform@taverhamhigh.org
Headteacher Ms Carol Dallas

To: Y12 Parents/Carers

7 December 2021

Dear Parent/Carer

Year 12 Work Experience – Tuesday 3 May to Friday 6 May 2022

As part of the sixth form it is important students start to prepare for what they will do beyond full time education, whether this is immediately after sixth form or subsequent to apprenticeships or university courses. As part of our wider remit to support students in this endeavour we set aside one week of sixth form to gain this experience. Placements will follow on from the Year 12 mock examinations to provide some respite from their studies and encourage students to consider where their qualifications can lead them.

All Year 12 students will have the opportunity to seek a work experience placement. This is to take place from Tuesday 3 May to Friday 6 May 2022 inclusive. Students source their own placements and will need to advise the sixth form office of the company and contact details as soon as possible, and no later than **Friday 25 March 2022**, using the form given to them at form time today – please see below.

As part of Norfolk County Council, the WEX initiative will vet any employer in Norfolk. This will enable the school to approve the placement and complete the required insurance and Health and Safety checks to ensure safety in the work place. Please be aware that this is voluntary work which cannot be paid as it is part of your child's timetabled activity whilst in full time education.

We hope all Year 12 students will partake in this opportunity. Provision will be made in school from Tuesday 3 May to Friday 6 May 2022 for students unable to source a placement.

If you have any queries or concerns please do not hesitate to contact us.

Yours faithfully

Mr J Linnell
Head of Sixth Form



Student self-placement form for work experience



Student name		Tutor group	
Parent/carer contact number			
Dates of work experience	From Tuesday 3 May 2022	To Friday 6 May 2022	

Health declaration

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (e.g. asthma). Please ensure you make a full disclosure of all existing medical conditions so that the employer can then take this into account when allocating the duties to be carried out on placement:

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To the student

As the student named above I agree to take part in this work experience scheme. 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 such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Student Signature **Date**

To the parent/carer

As the parent/carer of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

Parent/Carer name

Parent/Carer Signature **Date**

Please give this form to the employer to complete details overleaf



To be completed by the employer

Please ensure you provide details of your Employers Liability Insurance when you return this form to the student.



- Without Employers Liability Insurance we cannot authorise the placement. Public Liability Insurance alone will not suffice.
- Notify your insurance company before agreeing to a placement to avoid cancellation of the placement at a later date and inconvenience for everyone involved. Information can be found on www.hse.gov.uk

Placement Provider Details	
Employer name	
Contact name	
Placement address	
Placement postcode	
Email address	
Landline number	
Mobile number	
Placement title	
If you are related to the student please state your relationship	
Employers Liability Insurance Details	
Insurance Company	
Policy number	
Expiry date	
Placement information	
Start/finish times	
Meal breaks	
Appropriate clothing	
Other	

Make a note of the dates on which the student is due to undertake work experience

Please return a signed copy of this form to the student, this confirms you are agreeing to provide a placement to the named student. You will be contacted by the WEX Norfolk team from Norfolk County Council, Children’s Services, on behalf of the school to conduct a health and safety assessment.

Student - once the employer has completed the form please return ASAP to the sixth form office and no later than Friday 25 March 2022.

