



Work Experience Placement Agreement & Consent Form (WEX)

Learner Full Name		Learner Reference	
Learner Age		Learner Date of Birth	
Company Name			
Company Address			Postcode

	Management of Learner(s) Health and Safety	Yes	No	Evidence / Comments
A	Is the employer aware of the age of the learner and any consideration regarding age, inexperience, immaturity and lack of awareness of risks?			
	Are there any other special needs or circumstances including any learning difficulty, disability and/or medical/health condition that the employer should be made aware of?			
B	Will / has the employer put in place control measures for the learner as a result of the assessments above and have they informed the learner and their supervisor(s)?			
C	Detail any necessary prohibitions and restrictions identified by the MT91 that would apply to the learner <i>NB: All work experience students must NOT work at height above 2m (not including arboriculture)</i>			
D	The employer will provide competent supervision for the learner, who is their designated person to take overall responsibility for them?			

E	Does the employer provide an induction and ongoing information, instruction and training to learner reflecting the findings of the risk assessment, working environment, work activities, age, experience, and any special needs?			
F	Does the employer provide, free of charge, any necessary personal protective equipment and clothing (as determined by the risk assessment) and ensure its proper and effective use?			
G	What Days/Hours will the Student be attending Work Experience? (Is the Student on Block Placement?)			
H	How will the student be journeying to work? (Please give details of methods of travel, bus car etc)			
Assessment of Standard 10:				

I agree that the above information can be seen by the employer and that the college can disclose any information, including Educational Health Care Plans/Student Support Plans, they feel is relevant to the health, safety and welfare of the student whilst on the work placement programme. I also confirm that the journeying too and from placement is the sole responsibility of the Parent/ Guardian and will follow all safety regulations. By receiving this email you accept responsibility of all information shared and if you have any questions or queries you will contact the relevant curriculum department.

Learner Full Name	Signature	Date
Employer or their Designated Representative	Signature	Date
Myerscough College Representative Print Name	Signature	Date
Quality Checked	Signature	Date

Additional Information

Employer Representative Signature:

Date: