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| --- | --- |
| **LEARNER** | **EMPLOYER** |
| **Learner’s name:** | **Employer:** |
| **Address:** | **Address:** |
| **Mobile number:** | **Supervisor:** |
| **Dates of work experience:** | **Supervisor contact no.:** |
| **Hours of work:** | **Supervisor email address:** |
| **Emergency contact name and number for learner:** | |

**LEARNER**

As the Learner named above, I agree to take part in this Work Experience scheme, to be punctual in attendance and to inform the employer and my course co-ordinator of any absence due to illness, etc.

I also agree to hold in confidence any information about the employer’s business that I may obtain during this work experience and not to disclose such information to another person without the employer’s permission.

In addition, I also agree to observe all safety, security and other regulations laid down by the employer and made known to me by the employer, the employer’s representative or by displayed instructions.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER**

As a representative of the above employer, I agree to the learner named above working on my premises on a work experience placement.

A staff member will act as the learner’s supervisor.

The learner will as far as possible be given tasks which are relevant to their course of study.

We will take care not to place the learner at risk, and, as far as is reasonably practicable, safeguard their health, safety and welfare at work

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_