



## Jersey College for Girls Work Experience Policy

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Agreed by Staff:	October 2016
Agreed by Governors:	November 2016
To be reviewed:	November 2018

### Link to our vision

A student will leave us with an excellent record of achievement for an academically-demanding course at university or employment which will lead to a stimulating career. She will have the ambition, motivation and staying power which will equip her to study independently and successfully at either. She will apply for internships, work experience and voluntary work in her holidays.

### Aims

The purpose of this policy is to ensure that the organisation of these activities is compliant with the Education Department's policy on Work Experience.

### Objectives

The detailed code of practice for the JCG Work Experience (WE) policy is informed by these general principles and should be applied with these clearly in mind:

1. All WE will be monitored to ensure it complies with the Health and Safety and Insurance Policies
2. All WE will be planned, organised and monitored to ensure that it complies with the Education Department's Work Experience Policy, Standards and Guidance
3. All procedures for enabling a WE placement outside of school (as outlined below) will be completed prior to the student taking part
4. The staff responsibilities and procedures with regard to the WE policy are clearly defined. (see accompanying documentation)

### Relationship to other policies

1. External Policies:
  - Post-16 work experience as a part of 16 to 19 study programmes and traineeships (DfE March 2015)
  - Work experience readiness checklist (DfE 2013)
  - Child Protection (Education Department Updated June 2016)

2. Internal Policies :
- Health and Safety
  - Individual Student Needs (ISN) Policy
  - Child Protection
  - Learning and Teaching Policy
  - Careers Education and Guidance Policy
  - Six Year Strategy

### **GENERAL PROCEDURES FOR WE**

The Employability Coordinator (EC) is responsible for this area, although at some time many staff may be involved in encouraging students to take part in the opportunities offered by WE

The EC takes responsibility for overseeing the entire process if carried out by another member of staff.

The general procedures are as follows:-

- The placements will be checked for suitability by the EC and, if required, by one of the Institute of Safety and Health (IOSH) trained staff.
- The EC will ensure that all students complete the appropriate Placement Form.
- The EC will check the suitability of the placement through consultation with Careers Jersey or by site visits and inspection by IOSH trained personnel.
- Should an individual student or member of staff wish to include a placement not previously Health and Safety checked, this should be referred to the EC who may ask one of the IOSH trained members of staff to complete the Employer Visit Form.
- No placement should take place until all documentation and approval has been completed.
- The placement provider will ensure that a health and safety briefing is carried out on commencement of the placement.

Procedures for off island placements:

- The College is supportive of off-island placements and parents should write to the Principal requesting authorised absence.
- The responsibility for off-island placements rests with parents / guardians.
- The EC can provide parents with the JCG work experience policy and forms in preparation for off-island work experience.



# JERSEY COLLEGE FOR GIRLS



## PLACEMENT FORM

### Work Experience

Le Mont Millais  
 St Saviour  
 Jersey JE2 7YB  
 Tel: 516200  
 Fax: 516201

Name		Tutor Year Group	
Is the provider & post Trident approved		<b>YES</b>	<b>NO</b>
Is the provider & post on the school's approved list		<b>YES</b>	<b>NO</b>
Delete as applicable			
Name of teacher/student responsible for organising placement- _____			
Signature of teacher _____ (Employability Coordinator, EC, to sign if placement is organised by student)			
Employer's Title			
Employer's Address			
Contact Name		Telephone Number	
		E-mail	
Purpose of Placement and Description			
Job Description/Tasks			
Clothing		Transport	
Time of Placement			
<ul style="list-style-type: none"> <li>• School Term _____</li> <li>• Hours _____</li> </ul>			
Health & Safety Risk Assessment provided		<b>YES</b>	<b>NO</b>
Delete as applicable			

**For insurance purposes students undertaking Community Service in States of Jersey schools need not complete the Employer Visit Form**

**Parent/Guardian approval for the placement including note on any medical conditions**

Medical Conditions or other information which may be relevant to the placement:-

Medical Emergency Contact

No/s \_\_\_\_\_

Insurance: The DfESC provides a Personal Accident Insurance (PAI) for students although the sums insured are relatively small. It is recommended that parents of student participating in work experience consider taking out their own PAI for their son/daughter.

The information you provide and contained in this document will be processed for educational purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 2005. This information may be disclosed and used outside of the Education Department where it is considered to be in the students' best interest to do so.

I consent to my daughter's details being passed to prospective placement providers. I accept it is my responsibility to keep medical conditions and all other information up to date.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Agreement**

I agree to take part in this placement. I also agree to hold in confidence any information about the employer's business that I may obtain during this placement 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 as mentioned in the Placement Description and those laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer Agreement**

As representative of the employer I agree to the student named above working on my premises in accordance with the Letter of Understanding previously signed. The employer also agrees to abide by all legislation relating to Health and Safety at Work (Jersey) Law 1989 and its accompanying Approved Codes of Practice. I will arrange for my Employer's Liability insurance to cover against accident or injury caused to the student by negligence of the employer or another employee and will accept or insure myself against liability for loss, damage or injury caused by the Student in the same way as for paid employees. I confirm that the current Job Description is correct.

I consent to the named student completing work experience.

Signed for Employer \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Signature of EC _____							
Copy of form to tick boxes							Please
Student		Parent/ Guardian		Employer		File	

The Education Department reminds all persons having sight of this form; the personal information provided is subjected to fair processing under the Data Protection (Jersey) Law 2005 and should be treated accordingly.



**JERSEY COLLEGE FOR GIRLS**



**EMPLOYER VISIT FORM  
AND RISK ASSESSMENT**

**Work Experience**

Le Mont Millais  
St Saviour  
Jersey JE2 7YB  
Tel: 516200  
Fax: 516201

*Attachment for employer of policy for Work Experience*

**Section 1**

1.1. Name of placement provider

1.2. Principal Contact

Telephone Number

E-Mail Address

1.3. Address of placement offered

1.4. Nature of provider's business

1.5 Purpose of Placement and Description

**Section 2**

2.1. Employer's Liability Insurance Details

Expiry Date

Policy Number

Insurance Company

Expiry Date of Public Liability

Motor Vehicle Insurance – confirmation of business cover

2.2. Is a Health & Safety Policy in place – copy for the records

**YES**

**NO**

2.3. Has the provider carried out a Risk Assessment – copy for the records

**YES**

**NO**

Delete as applicable

2.4. General Health & Safety Comments: How will it affect the work to be done by the student?

Identified Hazard:

<p>Potential Risk:</p> <p>Existing Control Measures:</p> <p>Additional Control Measures Required:</p> <p>Prohibitions:</p>
<p>2.5. Who will be responsible for:</p> <p>Induction: (form available if required)</p> <p>Training:</p> <p>Supervision:</p>
<p>2.6. What will the induction cover with the student?</p>
<p>2.7. What machinery and equipment is in use?</p> <p>e.g. signs and guards in place?</p>
<p>2.8. Will the student be prohibited from working in certain areas of carrying out particular tasks?</p>
<p>2.9. Are the emergency and first aid facilities clear and how will they be explained to the student?</p> <p>e.g. fire drill, first aid, emergency exits</p>
<p>2.10. What arrangements are in place for the reporting of incidents – (Reports of any incidents related to students may be required)</p>
<p>2.11. Are the premises and welfare facilities suitable for the overall well-being of the student whilst on the placement</p>

e.g. toilet and washing facilities, ventilation, lighting		
2.12. Child Protection Guidance provided (form available)		
2.13. Approval given by IOSH trained personnel	<b>YES</b>	<b>NO</b>
2.14. Confirmation that student has received Health & Safety guidance prior to visit (EC)	<b>YES</b>	<b>NO</b>
Delete as applicable		
<b>Section 3</b>		
<p>I understand that the information provided and contained in this document will be processed for educational purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 2005. I agree that the Employer's Liability insurance covers against accident or injury to the student.</p> <p>Signed for Employer: _____</p> <p>Position: _____ Date _____</p> <p>I am satisfied that the named organiser in 1.1 above is suitable for a student placement.</p> <p>Signed: _____ Employability Coordinator or IOSH trained member of staff</p>		

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(Document check list overleaf)

**Document check list**



**To be obtained by Jersey College for Girls:**

Placement form  
Employer Visit Form and Risk Assessment  
Agreement letter  
Copy of Employer Public Liability Insurance  
Copy of Health & Safety Policy

**Provided for employer by Jersey College for Girls:**

Copy of placement form  
Copy of Employer Visit Form and Risk Assessment  
Agreement letter  
Copy of JCG Work Experience Policy  
JCG Child Protection Policy