WORK PLACEMENT CONFIRMATION & CONSENT FORM

This form is to be completed and signed by all students who are arranging their placement ahead of enrolling at Cornwall College. 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. Please return this form directly to the Skills to Business (S2B) team skillstobusiness@cornwall.ac.uk. If you need support, please contact the S2B team as soon as possible.

Mandatory boxes are marked with (*)

1) Student Details		
Student reference		
Last Name *	First Name *	Date of Birth *
Email Address *	Telephone *	
College Course Title *	Study Programme Manager (Tutor)	

ONLY COMPLETE SECTIONS 2 & 3 IF YOU HAVE A CONFIRMED PLACEMENT

2) Placement – Company Details		
* Type of placement (tick box that applies – if you are unsure of the type, speak with Skills to Business)		
Work Experience Placement	T-Level Placement	Higher Education Work Placement
* Company/Organisation providing the placement		
Type of Business		
* Placement Contact Name (supervisor/manager)	* Placement Contact Number	
* Placement Contact Email		
* Placement Address		

3) Placement – Working Dates, Day(s) and Hours			
* Placement Start Date		* Placement End Date	
Placement Days - *please mark the day(s) you will be on placement*			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Placement work hours – *please note that your lunch break **does not** count towards your hours.*			
Start Time	End Time	Breaks/Lunch	

4) Placement Health and Safety Disclaimer

Cornwall College as the organiser of this work 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 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 this health and safety disclaimer 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

5) Consent

I intend to undertake a work/industry placement, and understand that the College will only agree to the placement after a Placement Suitability Check has been made (if one is not already in place). I understand it is a requirement of my study programme with The Cornwall College Group.

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 workplace activities

   If YES to any of the above, please state these below 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. YES ☐ NO ☐
5. Do you have any unspent criminal convictions? YES ☐ NO ☐
   If yes, please provide details:

   ……
   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

   ……
   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. I consent to the processing of my personal data in line with the Cornwall College **Student** Privacy Notice available at available at www.cornwall.ac.uk/governance/your-information

*** Signature of student**: …….. Date: ……

* Emergency contact - Parent/Guardian/Carer (Block Capitals): ……

Address ……..

……

Telephone No. …… Mobile. ……

I consent to my son/daughter/ward undertaking the work/industry placement detailed on this form

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, suffer loss of, or damage to your personal effects and money, which is not because 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 incur 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.