



# WORK EXPERIENCE PLACEMENT APPLICATION FORM 2024/2025

## Soar Valley College

START DATE: 9<sup>th</sup> June 2025

END DATE: 13<sup>th</sup> June 2025

TUTOR GROUP:

### STUDENT DETAILS

Male  Female  Other (please specify) .....

First Name ..... Surname ..... Date of Birth ...../...../.....

Home Address ..... Postcode .....

### SELF PLACEMENTS

A Self Placement is compulsory for: **DANCE, MEDIA, THEATRE, UNIFORMED SERVICES** and **NHS HOSPITALS**. Please **DO NOT** put these as a preference below as we will be unable to find you a placement and this will delay your application!

### WORK EXPERIENCE PREFERENCES

\* **SPORT AND LEISURE:** Leisure Centres may require you to complete a swim test. If you cannot swim 25m please let us know on the back page

\*\* **SECTION 2: These sectors are in high demand with low availability. A self-placement is recommended.**

Please choose **3 sectors** from the sections below. **You can have a maximum of 1 choice in section 2.**

#### Section 1

- Business Administration, Finance & Legal
- Engineering & Manufacturing
- Environmental & Land-Based Studies
- Education, Training and Childcare

- Hair and Beauty
- \* Sport, Active Leisure & Tourism
- Retail Business
- Catering & Hospitality

#### \*\*Section 2

- Information Technology
- Construction & the Built Environment
- Creative and Media
- Health and Care

Please provide the preferred job role (from the student directory) for all sectors:

Sector 1 Job Role:.....

Sector 2 Job Role:.....

Sector 3 Job Role:.....

If you chose **TEACHING ASSISTANT** then please tell us what primary school you attended:

.....

If you have any employers in mind within your chosen sectors please indicate them below. We cannot guarantee a placement but we will try our best to secure one if possible.

	Postcode
1 <sup>st</sup> Choice: .....	.....
2 <sup>nd</sup> Choice: .....	.....

**HEALTH & ANY ADDITIONAL INFORMATION**

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Please indicate any illnesses or other factors that the employer should be made aware of, e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy.

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**TRAVEL**

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How are you planning to travel to your placement? .....

**Please circle the areas that you can travel to and make sure that you can travel to the places circled.** *Please indicate a minimum of 4/5 areas.*

Hamilton / Humberstone	City Centre	Beaumont Leys	Evington	Highfields
Fosse Park / Meridian	Glenfield	Saffron Lane / Aylestone	Thurmaston	New Parks
Belgrave / Melton Road	Oadby / Knighton	Braunstone	Wigston	Eyres Monsell / Glen Parva

I am willing to travel further for a placement within my sector choices if available

Are there any other areas of Leicester/Leicestershire you could travel to?

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**ABOUT ME**

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What personal qualities do you think you can bring to your placement?

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What hobbies and interests do you have? Do you take part in any extracurricular activities / clubs? (E.g. scouts, sport, musical etc.)

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What career would you like to go into in the future?

.....

.....

What do you hope to gain from your work experience placement?

.....

**STUDENT PROFILE – FOR TUTOR TO COMPLETE**

Please describe this student in a few words .....

.....

Please score the learner on the following attributes and attitudes: *Tick as appropriate*

	Good	Fair	Poor
Confidence			
Attendance			
Effort/motivation			
Ability to work with other students and members of staff			
Self-Management			
Communication Skills			
Teamwork			

Are the student’s choices: **REALISTIC / UNREALISTIC**

*If unrealistic, please suggest an alternative.....*

What are the learners predicted grades: **Level 3 GCSE A\*-C / 9-4 / L2 GCSE D-G / 3-1 / L1 Not at Level 1**

**Please ensure the below information is completed fully and accurately. If incomplete the form will be returned to school. This will result in a delay with the placement process.**

Does this learner require a higher level of supervision whilst out on placement? **Yes/No**

*If yes, a reason must be given .....*

Will a support worker be provided for the placement if required? **Yes/No**

Has the Designated Senior Person identified this learner as being vulnerable in relation to their work experience placement? **Yes/No**

Please indicate if the learner needs additional support with: <i>Tick as appropriate</i>	YES	NO
Reading		
Understanding and following instructions		
Speaking English (If yes please specify learners first language.....)		
Please <b>circle</b> the relevant <b>code</b> if applicable ( <b>more details must be given to LEBC</b> ): <b>E</b> - Education, Health and Care Plan <b>N</b> – Monitoring <b>N</b> - No Special Educational Need <b>K</b> - SEN Support <b>SEMH</b> – Social Emotional & Menal Health Need		

Teacher/Tutor Name ..... Signature .....

Date ..... /..... /.....

**WORK EXPERIENCE PLACEMENT – DATA AGREEMENT**

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In order to provide and process a work experience placement, LEBC requires some specific information which we need to pass on to the employer so that they can provide a suitable experience and do everything reasonable to protect your Health, Safety and Welfare.

By signing this form I consent to LEBC holding my personal details for the purposes of arranging my placement. I understand that I can ask for my data and / or any photographs to be permanently removed from the records following my placement and that to make this request I have to send an email to [contactus@leics-ebc.org.uk](mailto:contactus@leics-ebc.org.uk)

**Privacy Statement** – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promise to keep your details safe and secure. You can change your mind at any time by emailing [contactus@leics-ebc.org.uk](mailto:contactus@leics-ebc.org.uk). For further details on how your data is used and stored, please visit <https://www.leics-ebc.org.uk/contentfiles/files/privacy-policy.docx>

Occasionally LEBC may take photos of students during their work experience placements for use in LEBC promotional material i.e. marketing materials, website, social media, printed materials and press articles etc. By signing this form you are consenting to LEBC and any third party partners working on behalf of LEBC to use the images in whatever manner and with whatever effect they may in their absolute discretion think fit.

I have read and understood how my images may be collected and used and I give consent for photographs of me to be taken on work experience. I understand that if consent is withdrawn then any images in use will be removed.

If there is any other information you think would be relevant for us to know, please could you provide it below: (e.g. **Special Needs Statement/EHC PLAN**, any involvement with the Youth Offending Team or Criminal Record).

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**PARENTS / LEGALLY RESPONSIBLE PERSON – GUIDELINES**

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Work Experience Placement choices – these should be discussed with the student and agreed by you. LEBC use this information to secure a placement in preferred sectors where possible. You will receive details of the placement and will be asked to sign an agreement to it. Hours of placement – these are shown on the Placement Description. Saturdays and evening work should be discussed at the pre-placement meeting and will be optional but some placements might reasonably expect students to work these times.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person. The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign. Please can you check that the **health information on Page 2** is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

By signing this form I consent to LEBC holding and using the data for the young person for whom I am legally responsible. I understand that I can ask for the data to be permanently removed from the records and that to make this request I have to send an email to [contactus@leics-ebc.org.uk](mailto:contactus@leics-ebc.org.uk)

**PARENT/LEGALLY RESPONSIBLE PERSON**

I agree to the learner’s choices of placement and travel areas indicated.

Name ..... Signature.....

Date .....

**LEARNER**

I have completed this form and made choices for my work experience so that I can achieve my learning targets. I agree to the use of data as described above.

Signed ..... Date.....