

P9 S9 C12 Work Experience Arrangements Form

The purpose of this form is to establish the arrangements for work experience to ensure compliance with the award standard.

Section 1: Learner Details

PLEASE USE BLOCK CAPITALS

Your Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone Number:	<input type="text"/>		
Programme Title:	<input type="text"/>	Location:	<input type="text"/>
Trainer Name (Work Experience Co-ordinator):	<input type="text"/>	Phone Number:	<input type="text"/>
Emergency Contact of Learner Name	<input type="text"/>	Phone Number:	<input type="text"/>
Programme Start Date:	<input type="text"/>	Finish Date:	<input type="text"/>

DATA PROTECTION INFORMATION: The information provided on this form is for the administration of Work Experience Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

Section 2: Work Placement Details

Employer (Organisation Name):	<input type="text"/>	Telephone:	<input type="text"/>
Organisation Address:	<input type="text"/>		
Eircode:	<input type="text"/>	Organisation E-mail:	<input type="text"/>
Workplace Contact Person:	<input type="text"/>	Supervisor:	<input type="text"/>
Activities the Learner will undertake:	<input type="text"/>		
Work Experience Hours	from <input type="text"/> AM/PM	to	<input type="text"/> AM/PM
Work Experience Days	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		
From commencement date	<input type="text"/>	To completion date	<input type="text"/>
Total Number of Hours	<input type="text"/>		

Section 3: Employer Acknowledgement (Employer to sign)

I, _____ [name of individual, or on behalf of the Employer] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws and standards with respect to the Learner as if the Learner were my employee.
2. I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the Forus Training of this fact prior to the Work Experience Arrangement commencing.
3. I will ensure that required planning, induction, supervision and safe systems of work are provided for the Learner to maintain a safe and healthy Work Experience Arrangement at all times.
4. I will consider and take into account the competency, maturity and physical capabilities of the Learner in relation to all activities he or she will undertake. The Learner's program of activities will be planned and carried out with these considerations in mind.
5. I will nominate a Supervisor (or Supervisors) of the Learner who will be responsible for ensuring that my obligations as the Learner's Employer are carried out.
6. I will provide appropriate information, training, instruction and supervision to the Learner in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Learner.
7. I will ensure that the Work Experience is undertaken in a non-discriminatory and harassment free environment.
8. I will permit access to the workplace and contact with the Learner by the Principal or the Work Experience Coordinator at any reasonable time during the Work Experience Arrangement.
9. I will ensure that the Work Experience Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively.
10. I will ensure that the maximum number of Learners in the workplace does not exceed one Learner for every three employees.
11. If I have sought to engage more than the permitted number of Work Experience Learners, I confirm that direct supervision will be provided for all Learners.
12. Where the Principal has disclosed any necessary health information in relation to the Learner I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency.
13. I will notify the Work Experience Coordinator as soon as is possible if the Learner is absent, injured or becomes ill in the course of undertaking the Work Experience.
14. I will consult with Forus Training (certification@forustraining.ie) if I consider it necessary to terminate the Arrangement before the specified time.
15. I will advise the Principal if the industry to which this arrangement relates includes potential exposure of the Learner to scheduled carcinogenic substances and/or other hazardous substances as defined in the Occupational Health and Safety Regulations 2007.

Employer Name:

Signature:

Date:

Section 3: Learner Agreement

I, _____ agree to take part in this Work Experience Arrangement and to:

- carry out all reasonable and lawful directions of the Employer and perform my work to the best of my ability;
- comply with all reasonable workplace rules and requirements governing safety and behaviour;
- attend at the workplace on each day at the agreed time;
- inform both the Employer and the Work Experience Coordinator as soon as possible if I am unable to attend work;
- promptly inform the Employer of any accident, injury or incident that may occur;
- dress appropriately for the workplace;
- agree that no payment will be made to me on the work placement;
- I agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.
- I understand that I am responsible for my transport to and from the workplace.

I, _____ agree to acquaint myself with any traditions, codes of conduct or internal regulations of the host organisation and agree to;

- comply with such traditions, regulations or codes of conduct.
- comply with the reasonable and lawful instruction of their supervisors.
- comply with any disciplinary procedures or processes of the host organisation and understand that I shall be liable to any penalty which may be imposed following due process.

I, _____ understand that for the purpose of enforcing this code, Forus Training shall be entitled, but shall not be obliged, to investigate any complaint against a learner arising from any alleged misconduct while on placement or any alleged failure to comply with a host organisation's traditions, regulations or codes of conduct and, following the appropriate disciplinary procedures, Forus Training may impose a penalty in respect of such misconduct or failure to comply with a host organisation's traditions, regulations or code of conduct as a breach of the learner Code.

Learner Name:

Signature:

Date:

Section 4: Forus Training Sign off

Trainers Name:

Signature:

Date:

Head of Certification Name:

Signature:

Date:

Appendix: Forus Training's Insurance

Please find below information regarding Forus Trainings insurance arrangements for work experience



To whom it may concern.

June 27th 2019

Re: REDE Computer Training Ltd.; t/a FORUS Training.

Dear Sir/Madam,

I confirm that J.J Flood & Sons act as insurance broker for the above named.

Their current period of insurance runs to June 7th 2020.

Insurers: - HISCOX Insurance Co. Ltd

Policy No: HUP169350936

Public Liability Limit of Indemnity: -€6,500,000.

Please note that Hiscox Insurance Company Ltd have confirmed cover in respect of work experience as defined under their Public Liability.

The limit of indemnity is €6,500,000 in respect of this section. Cover is subject to the policy's terms, definitions, extensions, exclusions, conditions, and endorsements.

Yours Sincerely

Paul Flood
J.J. Flood & Sons

