



# Oasis Academy Brislington

## Work Experience Agreement Form

**Unleash Potential.**

**Explore** opportunities. **Enjoy** challenge. **Enhance** your future.

*This form must be completed by all students, parents/carers and the employer, then returned to [tracy.franklin@oasisacademybrislington.org](mailto:tracy.franklin@oasisacademybrislington.org) on or before 26<sup>th</sup> January 2026.*

*Please ensure the employer risk assessment is attached to the same email.*

*Students, parents/carers and employers must also sign the declaration on the page over.*

To be completed by student.	
Full Name:	
Alternative Email Address:	
Contact Phone Number:	

To be completed by parent/carers.	
Full Name:	
Relationship to Student:	
Contact Phone Number:	

To be completed by employer – company details.	
Company Name:	
Contact Name:	
Contact Job Title:	
Contact Email address:	
Contact Phone Number:	
Company Address:	

Placement details	
Student Placement Job Title:	
Brief description of tasks:	
Placement start date:	
Placement finish date:	

H&S and Safeguarding:	
I have completed and attached a Risk Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have Public Liability insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Provider:	
Policy Number:	
Expiry Date:	
I have Employer Liability insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Provider:	
Policy Number:	
Expiry Date:	

## STUDENT DECLARATION

I, the student named above, agree to:

- Attend this work experience placement.
- Keep confidential any information I obtain about the employer's business and not disclose it to anyone without the employer's permission.
- Follow all safety, security, and other regulations as instructed by the employer or displayed on the premises.

**Signed:**

**Date:**

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## PARENT/GUARDIAN CONSENT

As the parent/guardian of the student named above, I confirm that I have read and understood this form and the accompanying documents. I give permission for my child to attend this placement and agree that they will comply with the conditions set out.

**Signed:**

**Date:**

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## EMPLOYER AGREEMENT

As a representative of the employer, I agree to the student named above undertaking a placement at our premises in accordance with the Letter of Understanding. We agree to comply with all relevant legislation, including:

- Health and Safety
- Equality and Diversity (Sex Discrimination, Race Relations, Disability)
- The Children Act

We confirm that:

- Employer's Liability Insurance is in place to cover the student.
- We accept responsibility for any loss, damage, or injury caused by the student, as we would for our employees.

**Signed:**

**Date:**