

Work Experience



**Sir John Thursby Community
College**



What I am going to cover:



- Education Business Partnership (NW) – Who are we?
- What is work experience & why is it important?
- Forms to be completed
- Helping you to prepare and self placements
- Expectations
- Work Experience Journal
- Questions and answers

Education Business Partnership (NW).....



- Specialist organisation who help school co-ordinate work experience placements
- We recruit and check employers
- We issue relevant information to support student & employer
- We advise on health and safety before, during and after placement

YOU ARE HIGHLY PRIVILEGED TO HAVE THIS OPPORTUNITY

What is Work Experience?

Learning in a real place of work

Why & Benefits?



- A chance to learn new skills and apply existing ones
- Experience a new environment
- Understand what is expected in the world of work and take more responsibility
- Follow a different set of rules and regulations
- You can make a good start on your C.V.
- Helps with college and apprenticeship applications/may lead to other opportunities

Paperwork



- Self Placement Forms
- Medical Form
- Placement Agreement – Job description / Risk assessment
- Ensure that all forms are signed by the relevant people
- ALL paperwork **MUST** be completed in order for you to go on placement

Paperwork



SELF PLACEMENTS

- Great way to get placement of your choice
- You approach employer yourself and enquire
- If it's a yes – ask if they have Employers Liability Insurance
- Complete the online form

Self placement form



Work Experience – Self Placement Form

IMPORTANT: This form will not be accepted without a copy of the relevant insurance.

THE DEADLINE FOR SUBMISSION IS

Are you completing this form with the employer, or should it be sent to their email when you submit?

{Please select} ▾

First Name

Last Name

Date of Birth

Work Experience Start Date

These are automatically populated, if these dates don't look correct please contact your school coordinator.

08/Feb/2027

Work Experience End Date

12/Feb/2027

Sections

Student Information

Job Information

Employer's Acknowledgement

Start again

Next →

Work Experience - Self Placement Form

IMPORTANT: This form will not be accepted without a copy of the relevant insurance.

THE DEADLINE FOR SUBMISSION IS

Are you completing this form with the employer, or should it be sent to their email when you submit?

{Please select}



{Please select}

The employer will submit their details now

Send to employers email

Last Name

Date of Birth

Work Experience Start Date

These are automatically populated, if these dates don't look correct please contact your school coordinator.

08/Feb/2027

Work Experience End Date

12/Feb/2027

Sections

Student Information

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Employer's Acknowledgement

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Name of Employer

Address

This is the address of the business or organisation you want to work for

Employer Contact Name

Employer Contact Job Title

Employer Contact Number

Employer Lead Contact Email

Work Experience Job Title

Brief Description of Work Experience Duties

Sections

[Student Information](#)[Job Information](#)[Employer's Acknowledgement](#)

Education Business Partnership NW Ltd

Address

This is the address of the business or organisation you want to work for

Enter postcode...

BB5 0EY

Search

Select address

{Please select an address}



Employer Contact

Tracy Gardiner

Employer Contact

Enter the main contact

Employer Contact

01254 433390

Employer Lead Contact

tracy@ebpnw.co.uk

Work Experience

Enter the job title

Brief Description

{Please select an address}

11 Pickup Street, Accrington, BB5 0EY

13 Pickup Street, Accrington, BB5 0EY

15 Pickup Street, Accrington, BB5 0EY

17 Pickup Street, Accrington, BB5 0EY

23 Pickup Street, Accrington, BB5 0EY

3 Pickup Street, Accrington, BB5 0EY

3a Pickup Street, Accrington, BB5 0EY

9 Pickup Street, Accrington, BB5 0EY

2 Pickup Street, Accrington, BB5 0EY

4 Pickup Street, Accrington, BB5 0EY

6 Pickup Street, Accrington, BB5 0EY

8 Pickup Street, Accrington, BB5 0EY

10 Pickup Street, Accrington, BB5 0EY

12 Pickup Street, Accrington, BB5 0EY

14 Pickup Street, Accrington, BB5 0EY

16 Pickup Street, Accrington, BB5 0EY

18 Pickup Street, Accrington, BB5 0EY

Work Experience – Self Placement Form

I confirm that:

- We will take all possible care of the student's health and safety, recognising their inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school & EBPBW immediately, should we for any reason have to send the student home.
- We understand that if we have not had a placement visit in the last 6 months by EBPBW then a visit may be necessary prior to the student taking up the placement.
- We have **Employers & Public Liability Insurance** and will inform our Insurance Co. We have accepted the above-named student for Work Experience.

PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACH A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE.

Please note that the student cannot join you without this information

GDPR: By providing your data to us you are instructing us to act as your Data Processor. We will carry out our work in relation to work placements and site visits with you and will hold your details with your instruction. We acknowledge our GDPR responsibilities and will not communicate the data to any other party unless instructed by you to do so, other than the schools/colleges and their students concerned or if HSE request it. Unless otherwise instructed, we will retain your data for a period either dictated to by law or by our discretion (usually no more than 7 years) or after you send newer details/complete a revisit, whichever is the sooner. All files will then be securely and confidentially destroyed. Our privacy notice is available online at www.ebpnw.co.uk. Our ICO registration number is: 229835.

Employer's Signature

Sign

Sections

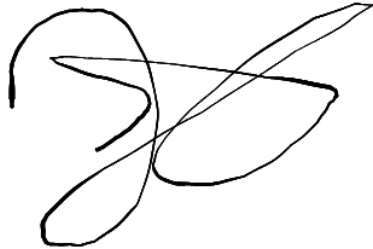
Student Information

Job Information

Employer's Acknowledgement

the request. Unless otherwise instructed, we will retain your data for a period either dictated to by law or by our discretion (usually no more than 7 years) or after you send newer details/complete a revisit, whichever is the sooner. All files will then be securely and confidentially destroyed. Our privacy notice is available online at www.ebpnw.co.uk. Our ICO registration number is: 229835.

Employer's Signature



Sign

Upload Insurance Certificate

No files have been added.

Choose File No file chosen

Text Field to Take Job & Employer

Admin Assistant Education Business Partnership NW Ltd

← Back

Start again

Submit →

Paperwork



SELF PLACEMENTS – TOP TIPS

- Think about your career interests/hobbies
- Think about where you can travel to
- Do you have any friends or relatives who could help?
- Do you want to try something new or test the water
- Look at businesses in your area, in town or as you're travelling around – anything catch your eye?

Medical Form



Work Placement Medical and Health Information

The following information is required by the employer in order to provide a safe and healthy placement for every student

Failure to disclose accurate information could put students at risk and will result in the placement being withdrawn:--

To be completed by the parent or guardian of:

First Name

Last Name

Date of Birth

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Sections

Student Information

Medical Info

GDPR

Work Placement Medical and Health Information

Have any physical or mobility difficulties which may prevent carrying out tasks that include bending, lifting and carrying?

{Please select} ▼

Have a learning disability which might affect their ability to understand or act on instructions?

{Please select} ▼

{Please select}

Yes

No

Have social, emotional or mental health needs?

{Please select} ▼

Have skin allergies or eczema?

{Please select} ▼

Have any allergies or intolerances, e.g. to nuts?

{Please select} ▼

Have bronchitis, asthma or chest complaints?

{Please select} ▼

Have a hearing disability or discharging ears?

{Please select} ▼

Sections

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Our privacy notice is available online at www.ebpnw.co.uk.

Our ICO registration number is: 229835

Please sign below

Sign

Parent or Carer?

☐ Parent

☐ Carer

Date

15/Jun/2026

Sections

Student Information

Medical Info

GDPR

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Start again

Submit →

Student Benefits



- Insight into the world of work
- Career aspirations
- Working alongside professionals
- Understand different job roles
- Assisting with future career choices

What do we expect



- Respect
- Behaviour
- Attitude
- Appropriate Language
- Follow instructions – ask
- Punctuality and attendance
- Read job description
- Interest and enthusiasm

Most asked questions...

- Travel expenses
- Sickness/problems (who do you call?)
- Hours of work
- Problems
- Payment
- References



My Work Experience Journal



- Diary to help you before, during and after your placement
- Help you to set goals/what you want to get out of placement
- Space to record important work details such as who is your supervisor, who looks after health and safety
- Sections to record what tasks you do, what you learn't, what you found hard
- Prompts and questions to help you find out more about the business
- Evaluation and reflection at the end



Thank you for Listening

Any Questions??

Key Dates



Forms to be returned

- Self Placement forms – deadline Monday 12th October
- Medical forms – deadline Monday 12th October

Dates for Work Experience

Monday 1st - Friday 5th February 2027