**Learning provider / employer placement agreement**

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| Employer/organisation: |  |
| Contact details: |  |
| Address/location of work setting: |  |

|  |  |
| --- | --- |
| Learning provider: |  |
| Contact details: |  |
| Emergency contact details for learner: |  |

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| --- |
| Outline of services provided: |
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| --- |
| Organisational structure / number of employees: |
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| --- |
| Name and contact details of mentor: |
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| --- |
| Types of activities/tasks the learner *[insert learner’s name]* on placement can take part in: |
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| Types of activities/tasks the learner *[insert learner’s name]* is not allowed to take part in:  |
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| PPE equipment provided by employer: |
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| Pre-placement training required: |
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Purpose of placement:

[ ]  Taster session

[ ]  Short work experience

[ ]  Longer term placement

[ ]  Qualification requirement

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| If qualification requirement, please provide details of the qualification and course requirements for the placement: |
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| Duration of placement: |  |
| Start date/end date: |  |
| Start and finish times: |  |
| Lunch arrangements: |  |
| Travel and subsistence arrangements: |  |
| Dress code:  |  |

**The employer confirms:**

* Risk assessments have been carried out for all activities the learner will be involved in and there is an adequate level of safeguarding for the learner
* The learner will undertake an induction programme for their role and the length of the placement, this will include at a minimum:
	+ the values and principles of the sector
	+ health and safety, and fire safety
	+ safeguarding
	+ data protection and confidentiality
* There will be a structured work programme which supports the learner to achieve their placement objectives
* The learner will be adequately supervised while on placement and will be allocated a mentor
* The learner will be supported to reflect on the activities carried out during the placement, their practice and progress
* If the learning is carrying out a placement to attain a qualification, the learner will be able to have their practice assessed by their qualification assessor
* The learning provider *[insert learning provider’s name]* will be informed immediately if:
	+ the learner does not attend the placement or if there are concerns about their attendance/punctuality
	+ there are any accidents or incidents involving the learner
	+ there are any concerns about the behaviour of the learner or their suitability for work in the sector
* Information about the learner will be kept confidential in line with data protection legislation and GDPR
* Employers’ liability and public liability insurance have been arranged to cover the learner during the placement

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| **Signed by:** |
| Employer (person, position, date): |  |
| Learning provider (person, position, date): |  |