

## BOSWORTH ACADEMY WORK EXPERIENCE PLACEMENT – DATA AGREEMENT CONSENT FORM

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 personal details of the young person named below who I am legally responsible for, for the purposes of arranging a work experience placement. I understand that I can ask for their data and / or any photographs to be permanently removed from the records following the 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 data is used and stored, please visit [https://www.leics-ebc.org.uk/contentfiles/files/Privacy\\_Policy\\_May\\_2018.pdf](https://www.leics-ebc.org.uk/contentfiles/files/Privacy_Policy_May_2018.pdf)

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 images may be collected and used and I give consent for photographs of the young person to be taken on work experience. I understand that if consent is withdrawn then any images in use will be removed.

### PARENTS / LEGALLY RESPONSIBLE PERSON – GUIDELINES

Work Experience Placement Preferences– 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 the online application form** 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 on their online application form and have checked these before signing. I agree to the use of data as described above.

LEARNER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/LEGALLY RESPONSIBLE PERSON NAME \_\_\_\_\_

PARENT/LEGALLY RESPONSIBLE PERSON SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_