



LONDON CONNEXIONS WORK EXPERIENCE SELECTION FORM

SCHOOL/PERSONAL ADVISOR DETAILS

SCHOOL/PA NAME	
SCHOOL/PA CONTACT	
CONTACT POSITION	
ADDRESS	
TELEPHONE No.	
EMAIL ADDRESS	

STUDENT DETAILS (please complete fully)

STUDENT NAME (Please use Capitals)					
DATE of BIRTH		M / F	POST CODE:		
PLEASE INDICATE WHICH TYPES OF WORK EXPERIENCE IS REQUIRED					
ONE WEEK		TWO WEEK		ONE DAY A WEEK FOR 12 WEEKS	
PROPOSED START DATE					
STUDENT'S YEAR GROUP AT START DATE	10	11	12	13	14
WEX DAY EACH WEEK IF OVER A PERIOD OF 12 WEEKS	MON	TUES	WED	THUR	FRI
PROPOSED WEX END DATE					

IF YOU ARE REQUESTING HCS CAREERS LTD TO FIND THE EMPLOYER PLEASE INDICATE THE STUDENT'S CHOICES BELOW. PLEASE NOTE THAT STUDENT'S SHOULD BE PREPARED TO TAKE A PLACEMENT IN ANY OF THE SECTORS CHOSEN.

STUDENT'S PREFERENECEs	SECTOR	ADDITONAL COMMENTS
FIRST		
SECOND		
THIRD		
FOURTH		
PLEASE INDICATE WHICH GEOGRAPHICAL AREAS THE STUDENT CAN TRAVEL TO?		
HOW WILL THE STUDENT GET to the EMPLOYER? (ie., Public Transport, Walk or own transport (bike), Parental Assistance)		

FOLLOWING THE GUIDANCE INTERVIEW WITH THE LONDON CONNEXIONS PA, WHAT ARE THE STUDENT'S CAREER ASPIRATIONS, LONG-TERM PLANS AND AREAS OF INTEREST? (please include details of student's current ability and any experience).



PLEASE OUTLINE THE STUDENT'S STRENGTHS AND POSITIVE BEHAVIOURS

PLEASE OUTLINE THE STUDENT'S LEARNING PROGRAMME INCLUDING ANY COLLEGE COURSES ATTENDED AND ANY OTHER ALTERNATIVE PROVISION.	
WEEKLY TIMETABLE	
COLLEGE COURSE – PLO (please indicate if this students is on Positive Learning Opportunity programme as HCS needs to report these numbers)	
ALTERNATIVE PROVISION	
EXAMINATIONS THAT THE STUDENT IS WORKING TOWARDS	

HOW MUCH SUPERVISION WILL THE STUDENT REQUIRE IN THE WORKPLACE? (Please include any relevant information regarding LDD / EBD issues).		
LOW	AVERAGE	A LOT



KEY SKILLS – The table below lists Work Placement activities and goals, by Key Skill Areas. Please indicate those that the student hopes to achieve whilst on their Extended Work Experience placement. Please note – these details are passed to the Employer.

STUDENT NAME			
SCHOOL NAME			
COMMUNICATION		APPLICATION of NUMBERS	
In a Team		Using Figures	
Listening to a Supervisor		Measuring	
Talking with Colleagues/ Customers		Counting	
Writing		Calculating time eg., journey, working hours etc.,	
Using the Telephone			
Others – please add		Others – please add	
INFORMATION TECHNOLOGY		WORKING WITH OTHERS	
Word Processing		Working in a Team	
Checking Spreadsheets		Doing a job with someone else	
Creating Designs		Agreeing Tasks	
Using Fax Machine		Helping other staff or customers	
Sorting and Storing Data using Databases			
Processing Information			
Others – please add		Others – please add	
PROBLEM SOLVING		IMPROVING OWN LEARNING & PERFORMANCE	
Choosing the right equipment for the job		Managing time	
Find out how to mend something		Regular attendance	
Making decisions		Punctuality	
Planning the route to work		Attitude	
Seeking the correct information		Building confidence	
		Completing tasks	
		Suitable work clothing	
Others – please add		Others – please add	



PLEASE NOTE:-

For each student undertaking Work Experience please ensure that this form is completed, giving as much details as possible about the students requirement.

1. Where the School/Connexions PA identifies the Employer they should:-

- a. Meet with the Employer to agree appropriate placement activities.
- b. Ensure that an 'Work Experience Referral Request form' is completed and signed by the Employer, and return to Gill Perry at HCS Careers Ltd (gill.perry@hcs-essex.co.uk)

2. Where HCS Careers Ltd finds the Employer the School should:-

- a. Meet with the Employer to agree appropriate placement activities.
- b. Arrange an interview for the Student and Employer to meet.

DECLARATION by SCHOOL/Central London Connexions:- On behalf of the School/Central London Connexions, I confirm that we will monitor the Student's attendance at his/her Work Placement each week, and notify HCS Careers Ltd or any required changes to the Student's activities.
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Signed for School/Connexions PA:-	
Print Name :-	

DECLARATION BY STUDENT AND PARENT/CARER:-

I agree that the information in this form is correct	YES	NO
I agree that the School/Connexions PA may share this information with HCS Careers Ltd	YES	NO
I agree that HCS Careers Ltd may store this information and share it with appropriate organisations to secure a work placement	YES	NO
I will disclose personal information directly with the Employer (eg., medical condition, criminal activities)	YES	NO
Signed for Parent/Carer:-		
Signed for Student :-		

HCS Careers Ltd (Essex), Osborne House, Threshelfords Business Centre,
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