The Trident Office Skills Jersey

Skills Jersey Bermuda House Green Street St Helier Jersey JE2 4UH

Tel: 449431 Email: trident@gov.je



## TRIDENT OWN PLACEMENT FORM

STUDENT:				
Name:		. School:		
DOB:		Form:		
Dates of work expe	rience:		Shoe size	:
Important: The jo	bb must not already be	in the scheme (	please check on the	Trident website)
and you will not be permitted to work with close relatives.				
EMPLOYER:				
Children, Young people member of the Trident requirements. If you ha	unpaid) Year 10 work exper e, Education and Skills Dep team will contact you, and arr ve any questions you would li	artment and has th ange a visit to discus ke to ask first, then p	e responsibility of endor ss the placement, insurar please contact the Trident	rsing all placements. Ance and Health & Safety office on 449431.
Name of Organisati	on:			
Business Category	(please tick one):			
☐ Media Marketing &	Science, Mathematics	Retail and	☐ Transport &	Finance & related
PR	and related work	Sales	Logistics	work
Art & Design	Sport, Leisure & Culture	Education &	Construction &	☐ Security and
		Childcare	Trades	Protective Services
Engineering	Medical and Social Care	Hair & Beauty	☐ IT & Digital	Legal Services
☐ Hospitality &	Animal, Plants & Nature	Administration	Performing Arts and	Other (please state what
Catering		& Business	Related work	category)
			Postcode:	
Tel:		Email:		
Name:		Signature:		
Position:		Date agreed .		
Student's Superviso	or:		Position:	

## **Work Experience Details:** Placement Title: Key Duties/Tasks: Requirements: (prior skills/requirements needed/ preferred for this placement): Working days: (five days in any seven) ..... Working hours: (students will be required to work minimum 25 hours and maximum 40 hours per week) ...... Breaks: (duration and times) ..... ☐ Purchase off site ☐ Meal Provided ☐ Bring own lunch Protective clothing: Safety boots needed: **YES / NO** (If required Trident will provide safety boots) Please give details of any other required protective equipment and if these will be provided by employer or **PARENT / GUARDIAN:** I agree that my son/daughter may be placed for work experience with the above organisation. Name: ...... Signed: ..... Contact Number: ..... Email: .....

Children, Young People, Education and Skills (CYPES) is registered as a 'Controller' under the Data Protection (Jersey) Law 2018 as we collect and process personal information about you. We process and hold your information in order to provide public services and meet our statutory obligations. Our Privacy notice explains how we use and share your information and can be accessed here: <u>Children, Young People, Education and Skills privacy policy (gov.je)</u>.