



Hail Weston Pre-School, The Village Hall, High Street, Hail Weston, Cambs. PE19 5JS, Tel: 01480 214574

Student Placements Policy

Policy Statement

Hail Weston Pre-School Activity Group recognises that qualifications and training make an important contribution to the quality of the care and education provided by Early Years Settings. As part of our commitment to quality, we offer placements to students undertaking Early Years qualifications and training. We also offer placements for school pupils on work experience.

We aim to provide for students on placement with us experiences that contribute to the successful completion of their studies and that provide examples of quality practice in early years care and education.

Procedures

- We require students on qualification courses to meet the 'suitable person' requirements of Ofsted and have DBS checks carried out if they are going to be with us for more than 6 weeks.
- We require schools placing students under the age of 17 years with the setting to vouch for their good character.
- At HWPAG we supervise students including those under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short term basis are not counted in our staffing ratios.
- Trainee staff employed by the setting may be included in the ratios if they are deemed competent.
- We take out employers' liability insurance and public liability insurance, which covers both trainees and voluntary helpers.
- We require students to keep to our confidentiality policy and will ask them to sign the attached form to consent to this.
- We require students to complete a basic induction and will be asked to sign attached form upon completion and prior to starting their placement.
- We require students to complete the attached contact details form including consent to seek medical help in an emergency.
- We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.
- We communicate a positive message to students about the value of qualifications and training.
- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

This policy was adopted at a committee meeting of HAIL WESTON PRE-SCHOOL ACTIVITY GROUP held on January 2020

Date to be reviewed: January 2021

Signed on behalf of the Management Committee:.

Lizzie Spear

Signatory:.....

Role of signatory: Chairperson



Confidentiality Agreement

I have read and understood the Hail Weston Pre-school Activity Group Confidentiality Policy and I agree to abide by the rules of and will not divulge any information gained, whether or not it is already in the public domain to any unauthorised person both inside and outside the setting.

Name (Printed)

Date:

Signature:

Induction completed

I have been given a basic induction which includes information about toileting, breaks, session routines, use of mobiles, health & safety including safe lifting, accidents, incidents, fire drills, safeguarding & whistle blowing, who to speak to if you are unsure or have a problem whilst on placement.

Name (Printed)

Date:

Signature:

Hail Weston Pre-School



Activity Group

STUDENT PLACEMENT CONTACT DETAILS

Name:	
Address:	
Tel:	Mobile:
Emergency Name 1: Relationship:	
Tel:	Mobile:
Emergency Name 1: Relationship:	
Tel:	Mobile:

Emergencies

In the event of an emergency either through illness or an accident it may be necessary to ensure you receive medical attention as soon as possible. Should we not be able to contact your emergency named person, please sign below if you are happy for us to call the emergency services.

Please sign if you give your consent

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Doctors Name: Address:	
Tel:	
Any allergies we should be aware of: (food, plasters etc)	
Signed:	Print:
Date:	
Course name: College: Contact name:	Tel: