

WORK PLACEMENT AGREEMENT (TRIPARTITE)

Footprint School of Business (FSOB)

1. Purpose of the Agreement

This Work Placement Agreement formalises the relationship between:

- **Footprint School of Business (FSOB)** (the Training Provider)
- **The Employer/Placement Provider**
- **The Learner**

The purpose of this agreement is to:

- Ensure the work placement supports the achievement of qualification requirements
- Define clear roles, responsibilities, and expectations
- Safeguard the health, safety, and wellbeing of the learner
- Provide a structured and monitored work-based learning experience
- Ensure compliance with NCFE requirements, safeguarding legislation, and health and safety regulations

2. Parties to the Agreement

2.1 Training Provider (FSOB)

- Organisation Name: Footprint School of Business
- Address: 20 Wenlock Road, London
- Contact Person: Oluseye Jegede
- Email/Phone: info@fsob.co.uk

2.2 Employer / Placement Provider

- Organisation Name:
- Address:

- Department:
- Supervisor Name:
- Job Title:
- Contact Details:

2.3 Learner

- Full Name:
- Learner ID:
- Programme:
- Qualification Title:
- Start Date:
- Expected Completion Date:

3. Placement Details

- Job Role / Placement Title:
- Main Duties and Responsibilities:
- Placement Location:
- Working Hours per Week:
- Total Required Placement Hours:
- Placement Start Date:
- Placement End Date:

4. Learning Objectives and Outcomes

The placement will support the learner to:

- Develop practical skills relevant to their qualification
- Apply theoretical knowledge in a real-world setting

- Demonstrate competence against specified learning outcomes
- Enhance employability skills including communication, teamwork, and problem-solving

5. Roles and Responsibilities

5.1 FSOB Responsibilities

FSOB agrees to:

- Ensure the placement is appropriate and aligned with qualification requirements
- Conduct employer suitability checks (including Health & Safety and safeguarding)
- Provide learners with pre-placement briefing and induction
- Monitor learner progress through regular reviews
- Maintain communication with the employer
- Provide support for any issues arising during the placement
- Ensure compliance with NCFE standards and audit requirements

5.2 Employer Responsibilities

The Employer agrees to:

- Provide a safe, secure, and supportive working environment
- Ensure compliance with Health & Safety legislation
- Conduct and share risk assessments
- Provide appropriate supervision and mentoring
- Allocate meaningful tasks relevant to the learner's programme
- Monitor attendance and performance
- Notify FSOB of any concerns, incidents, or safeguarding issues
- Provide feedback on learner progress
- Ensure safeguarding and Prevent Duty awareness

5.3 Learner Responsibilities

The Learner agrees to:

- Attend placement regularly and punctually
- Complete the required number of placement hours
- Follow all workplace policies and procedures
- Maintain professional behaviour at all times
- Adhere to Health & Safety and safeguarding requirements
- Complete work placement logs and documentation
- Report any concerns immediately to FSOB or employer
- Respect confidentiality and data protection

6. Safeguarding and Welfare

- FSOB operates a zero-tolerance approach to abuse, harm, and exploitation
- The employer must ensure appropriate safeguarding measures are in place
- Any safeguarding concerns must be reported immediately to FSOB's Designated Safeguarding Lead (DSL)
- Learners must be informed of how to report concerns

7. Health and Safety

The Employer confirms that:

- A current Health & Safety Policy is in place
- Risk assessments have been conducted and shared
- Appropriate training and supervision are provided
- Emergency procedures are clearly communicated

FSOB reserves the right to withdraw learners if the environment is deemed unsafe.

8. Insurance

The Employer confirms that the following insurance is in place:

- Employer's Liability Insurance
- Public Liability Insurance

Copies must be available upon request.

9. Monitoring and Review

- FSOB will conduct regular progress reviews
- Learners must complete a Work Placement Hours Log
- Employers may be contacted for feedback and verification
- Site visits may be conducted where appropriate

10. Recording of Hours

- Learners must accurately record hours worked
- Logs must be signed by the employer/supervisor
- FSOB will monitor completion against qualification requirements
- Failure to complete required hours may impact certification

11. Equality, Diversity and Inclusion

All parties agree to:

- Promote equality and diversity
- Prevent discrimination and harassment
- Provide an inclusive working environment

12. Confidentiality and Data Protection

- All parties must comply with GDPR requirements

- Learners must respect workplace confidentiality
- Sensitive information must not be disclosed without permission

13. Conduct and Behaviour

Learners must:

- Act professionally at all times
- Follow workplace rules
- Avoid misconduct, including misuse of technology

Employers must:

- Treat learners fairly and respectfully
- Provide appropriate supervision

14. Absence and Reporting

- Learners must inform both FSOB and employer of any absence
- Persistent absence will be reviewed
- Employers must report concerns regarding attendance

15. Issues, Complaints and Escalation

- Concerns should be raised immediately with FSOB
- FSOB will investigate and take appropriate action
- Serious issues may result in placement termination

16. Termination of Placement

This agreement may be terminated if:

- Health & Safety risks are identified
- Safeguarding concerns arise

- Learner conduct is inappropriate
- Employer fails to meet obligations

FSOB will ensure alternative arrangements where possible.

17. Declaration

By signing this agreement, all parties confirm that:

- They understand and accept their roles and responsibilities
- They agree to comply with all policies and procedures
- They commit to ensuring a safe and productive placement

18. Signatures

Learner:

Name:

Signature:

Date:

Employer Representative:

Name:

Position:

Signature:

Date:

FSOB Representative:

Name:

Position:

Signature:

Date:

19. FSOB Internal Use (Audit Section)

- Employer Approval Completed: Yes / No
- Risk Assessment Reviewed: Yes / No

- Safeguarding Check Completed: Yes / No
- Placement Approved By:
- Date: