[Name]

[Address]

[Date]

Dear XXXX

**RE: WORK EXPERIENCE**

I am pleased to welcome you to the University of Southampton for a period of work experience, which will start on [date] and finish on [date]. I hope that you will find your time with us interesting and enjoyable.

While on work experience, you will be based in [faculty or service] and should report to [name]. You should observe such working hours as may be agreed with the faculty or service where you are working.

If you have a disability, a long-term physical or mental health condition (such as autism), or a specific learning difference (e.g. dyslexia) we encourage you to let us know so that we consider adjustments we may need to make for your work experience so that it is as accessible and inclusive as possible. It will also be helpful if you could provide details of any medical requirements you have.

There are a few rules that we will ask you to observe while working with us:

1. If working in an administrative role there is no particular dress code, but we suggest you adopt smart casual wear. You will be advised if there is any particular dress requirement relevant to the area you are working in, e.g., if working in a laboratory or a healthcare setting.
2. You will be expected to be punctual and to show courtesy to members of University staff and others whom you come across during your work experience.
3. You should not work unsupervised with children or vulnerable adults.
4. Any information of a confidential nature that is communicated to you during your work experience must remain confidential and should not be disclosed to anyone, including your family members. This includes records or other information about the University’s activities, areas of research, or students or prospective students of the University.
5. Your period of work experience will be unpaid.
6. Please abide by any specific health and safety rules relevant to the area where you are working. These should be explained to you in your induction.
7. If you are given access to the University’s computer network and/or software, please be aware that this is purely for your work experience. You should not use our computer networks, systems, software, and hardware for activities of a personal nature.
8. If you are issued with a temporary access card, this must be returned on the last day of your work experience to your manager.
9. A copy of this agreement, together with associated documents and information collected from your work experience will be kept by the University for six years. It may be shared by the University with your parent or guardian, school or college, or disclosed by the University to third parties where it is required by law to do so. By signing this letter you consent to us sharing your information in this way.

We ask that you and your parent or guardian complete and sign the appropriate section at the end of this letter to indicate your acceptance of the above.

I hope you enjoy your time with us. If you have any questions or concerns please feel free to contact me. We would appreciate it if you sent us feedback about your work experience at the University.

Yours sincerely,

[name]

**WORK EXPERIENCE ACCEPTANCE**

Please complete the details below in the attached copy of this letter and return to the address above to confirm your acceptance.

|  |  |
| --- | --- |
| Young person: I agree to a period of work experience on the above terms. | |
| Your full name: |  |
| Your School/College name: |  |
| Any special requirements: | No  Yes – please specify below: |
| Emergency contact name: |  |
| Relationship to you: |  |
| Emergency contact telephone: |  |
| Your signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| PARENT/GUARDIAN: I agree to my child undertaking this work experience on the above terms. | |
| Signature: |  |
| Name: |  |
| Relationship to student: |  |
| Date: |  |