

# PHILIPS HIGH SCHOOL

# **POLICY ON**

# REQUEST FOR OBSERVATION & WORK EXPERIENCE

#### Rationale

The purpose of this policy is to enable the smooth transition of observers into the school and ensure that safeguarding of pupils is the highest priority.

#### General Policy and Ethos

Within Philips High School it is our policy that all observers should:

- Complete a proforma for safeguarding purposes (see Appendix A);
- Provide photographic identification and a DBS form (if possible);
- · Comply with all school policies, including dress code;
- Whilst on the school premises be in the presence of a member of staff at all times;
- Wear an identity badge at all times.

#### **Operation of the Policy**

#### Requests for placements

- Requests will be forwarded to the professional mentor in the first instance. The professional mentor will send a request form to the applicant.
- The professional mentor will ask the relevant department if they are able to accommodate an observer. The decision will come from the Head of Department.
- The head teacher and safeguarding officer will be asked for permission for the placement to take place.
- A risk assessment is required to be undertaken by the school (see Appendix B). The
  professional mentor will complete the risk assessment and forward to the head
  teachers secretary for records.
- An offer of placement will be made by the professional mentor.
- If required a DBS application will be sent to the observer.

#### Before the placement begins

#### **Notification**

In advance of the placement the professional mentor will advise the Head of Department of the name of the observer and specifics of the placement.

The professional mentor will also advise the head teachers' secretary, the office/reception of the start and end date of the placement.

This will be done as far in advance as possible, to enable the creation of a risk assessment. Reminders will be sent to all involved on the working day before the placement begins. The professional mentor will alert the staff to the names and subjects of observers with messages via email and e-portal.

#### Information to Observers

A welcome pack will be emailed to the observer. This will include an email informing them of what time to arrive in school and to bring photographic identification and their DBS forms.

#### **Introduction Meeting Arrangements**

The professional mentor will liaise with the Head of Department / subject mentor(s) to arrange a suitable time for the observer to meet with them on the first day of their placement.

#### **Timetable Preparation**

Heads of Department will need to identify classes to make a timetable for the observer. The HoD will need to pass this timetable to the professional mentor for their records.

#### On the first day of the placement

#### Welcome and Safeguarding

The professional mentor will welcome the observer at the specified time and will take a photocopy of their photographic identification and DBS forms for safeguarding purposes. This will be held by the head teachers' secretary and sign a risk assessment.

#### **Identity Badges**

Depending upon the length of the placement, observers will either wear a temporary visitor ID badge or in case of a longer placement, office staff will use their photograph from their temporary ID for an identity badge.

The identity badge will be retained in online records maintained by the professional mentor to record the placement. These will be held with an evaluation questionnaire to be completed at the end of the placement.

#### **Introduction to Department**

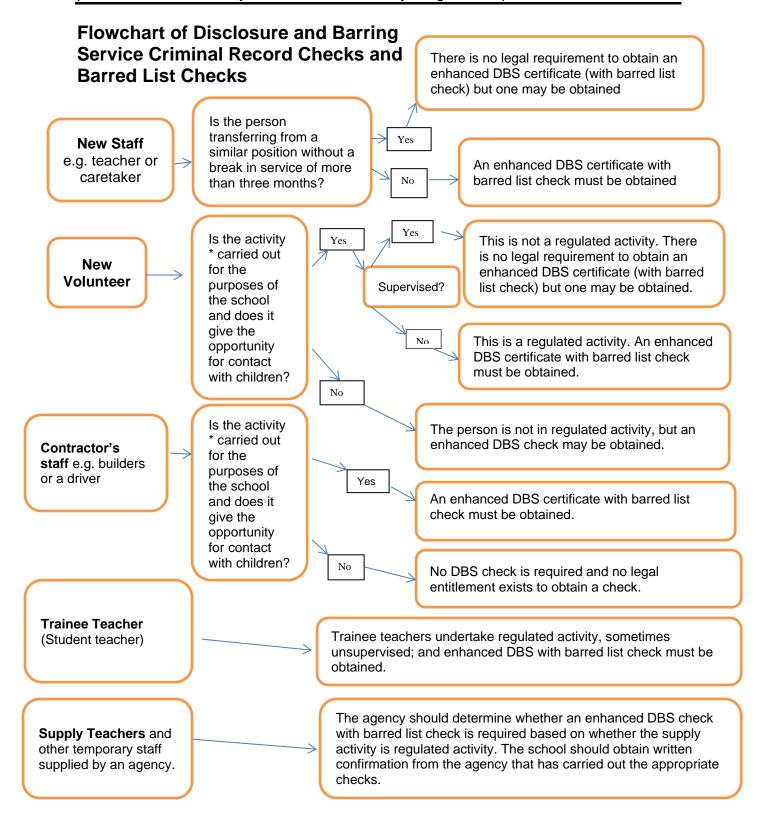
Observers will then be introduced to their Head of Department.

If the HoD is absent, another member of staff will be asked to take the observer for observations within the department.

The observer will then spend the remainder of the first day within the department and carry out observations or other duties as directed by their subject mentor.

### On completion of the placement

The observer will complete an evaluation questionnaire (appendix c) and return it to the professional mentor. They must return their identity badge to reception.



<sup>\*</sup>Activities listed under the guidance's definition of regulated activity and which are carried out frequently

## Appendix A

Request for Work Experience/Lesson Observation Placement

| Contact Details                          |           |           |                   |          |
|------------------------------------------|-----------|-----------|-------------------|----------|
| Full Name                                |           |           |                   |          |
| Former Name(s)                           |           |           |                   |          |
| Address                                  |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
| Telephone Number                         | Landline: | Mobile:   |                   |          |
| Email Address                            |           |           |                   |          |
| Current Employment or University Det     | ails      |           |                   |          |
| Current Employer / University            |           |           |                   |          |
| Referee                                  |           |           | Can we contact    | Yes/No   |
|                                          |           |           | them?             |          |
| Referee Contact Details                  |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
| Details of Request                       |           |           |                   |          |
| Please give a brief outline of your requ |           | perience, | reasons for reque | esting a |
| placement. (e.g. pre PGCE lesson obser   | rvation)  |           |                   |          |
|                                          |           |           |                   |          |
| Which Donartment / Subject 2             |           |           |                   |          |
| Which Department / Subject ? Duration?   |           |           |                   |          |
| Dates?                                   |           |           |                   |          |
| Safeguarding                             |           |           |                   |          |
| Do you have a DBS?                       | Yes / No  |           |                   |          |
| If Yes, please provide details of DBS    | Yes / NO  |           |                   |          |
| If Yes, please provide details of DB3    |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
|                                          |           |           |                   |          |
| For School Use                           |           |           |                   |          |
| How was contact made?                    |           |           |                   |          |
| Can the department accommodate?          | Yes / No  |           |                   |          |
| Has the Head Teacher given consent?      | Yes / No  |           |                   |          |
| Has the Director of Safeguarding         | Yes / No  |           |                   |          |
| given consent?                           | ,         |           |                   |          |
| Can the placement go ahead?              | Yes / No  |           |                   |          |

Yes / No

## Appendix B

Can the placement go ahead? Risk assessment completed?

Start and End Date of placement Reason for refusal of placement Risk Assessment (see next page)



#### PHILIPS HIGH SCHOOL - RISK ASSESSMENT - VOLUNTEER/CLASSROOM OBSERVER

| Name: Current Employment Status/Student                                                                                                                                                                  |                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Activity: TEMPORARY Student Work Placement/Volunteer/Classroom Observations Site: PHILIPS HIGH SCHOOL                                                                                                    |                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| People at Risk: PUPILS Additional Information: Appropriate existing task specific risk assessments.                                                                                                      |                                                                                                                                                                                          |                | iate existing task specific risk assessments.                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Supervising Officer Job Title                                                                                                                                                                            | Date:                                                                                                                                                                                    |                | Review Date:                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                          | R                                                                                                                                                                                        | isk Evaluation |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Level of access to pupils during classroom observations                                                                                                                                                  | Supervision arrangements and any other monitoring/control measures during classroom observations                                                                                         |                | Previous CRB Clearance & Positive disclosure:                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Observer/volunteer not expected to be alone with pupils at any time due to nature of work.  Supervised at all times.                                                                                     | Verbal briefing of School & Classroom Protocol  To act under the strict instructions of the member of staff teaching.  The premises have established fire/emergency procedures in place. |                | Previous CRB clearance & positive disclosures:  Is a previous disclosure certificate available?  If Yes: Has it been seen by you?  What is its date?  Disclosure Number:  Which barred list was checked: Enhanced childrens/adults  *Positive disclosure(s) on CRB?  Y/N  *If Y is it relevant to post / pose risk of harm?  (Please seek advice from HR in either case)  Comments:  DBS Application Applied for?:  Date Application sent: |  |
| Assessment of Risk following control measures: HIGH MEDIUM LOW                                                                                                                                           |                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Volunteer/ Observer Declaration:  The Information I have provided during this risk assessment accurate record and do not know of any reason why I would suitable to work with children and young people. |                                                                                                                                                                                          |                | Dated                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Signed by Line Manager:                                                                                                                                                                                  | Dated:                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

# Appendix C Work Placement Evaluation Form

| Work Placement Evaluation                          |  |
|----------------------------------------------------|--|
| Name                                               |  |
| Date of placement                                  |  |
| With which Department(s) were you working?         |  |
| What were you hoping to gain from your experience? |  |
| Did your placement go well?                        |  |
| Is there anything that could have been better?     |  |

| Work Placement Evaluation                          |  |
|----------------------------------------------------|--|
| Name                                               |  |
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| Did your placement go well?                        |  |
| Is there anything that could have been better?     |  |