

Creative Work Experience Memorandum of Understanding between student & work provider

Student:

Phone: Email:

Skills/areas of interest:

- Are you aware of the H&S requirements and any other relevant procedures / policies of the business you will be working for?

Yes / no

- Have you been trained to be a competent user of all equipment related to the tasks you are doing?

Yes / no

*Please note any areas you would like guidance in *before* undertaking tasks:

.....

Work experience to be done under the tutorage of:

Business: Email: phone:

Location: Commencement date:

- Has the student been informed of your business' Health and Safety policy and procedures?

Yes / no

Expectations from student/tasks:

Signed by student: date:

Signed by business representative: date:

**Feedback from business representative / mentor/
tutor (as appropriate):**

Signed: date:

Student Feedback on work experience:

- Has your learning experience at The Learning Connexion adequately prepared you for this work experience

Yes / No

- Has the work experience improved your readiness for work beyond The Learning Connexion?

Yes /no

- What have you learned from this work experience?

- What could The Learning Connexion have done better to improve your work experience?

Administration – please complete if this work experience is to be credited to the Diploma of Art and Creativity (Hons) Creative work Experience component

Hours of work experience: /40

Signed by Mentor or Programme Support:

Date:

(Please Circle One): Complete / Incomplete