

Work Based Learning Agreement 2010 – Level One

S130 Analytical Sciences in Practice



Refer to page 5 for essential information and instructions on completing this form.

Students Details Please complete in CAPS.

Student Name[†]:	Date of Birth[†]:
OU Personal Identifier:	Workplace email[†]:
Job Title:	
Organisation name[†]:	Phone:
Workplace Address[†]:	
Postcode[†]:	Phone[†]:

Employer Declaration Please complete in CAPS.

Mentor Details Note: one mentor may support up to 3 students provided they work in the same location.			
Mentor Name[†]:		Date of Birth[†]:	
Phone:		Email[†]:	
Workplace Address (if different from student [†]):			
Phone:		Email:	
Mentoring Qualification(s) / Course(s) attended:		Date(s) where appropriate:	
Mentor's signature:			
I confirm that the above named student:			[please tick]
Has received a full medical examination and has passed as fit for work in the analytical science field			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Has completed an English language qualification at GCSE/O level of grade C or above, or achieved an IELTS Academic test score of 6.5 or above			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

I understand that The Open University or their representative may contact me to confirm the authenticity of the details given above. I understand that if any of the information I have provided is inaccurate this may lead to other penalties including students being unable to complete the course. **I confirm that I have signed a Collaboration Agreement.**

Signed[†]:	Print name[†]:
Date[†]:	Job Title[†]:
Phone[†]:	Email:

[†]**Required information** – registration, and possibly starting on the course, may be delayed if this information is missing or incorrect.

Student Consent

Please read the following statements and confirm your agreement by signing below:

- I understand the range of practical activities and I agree to participate in practical work in a variety of settings.
- I confirm that apart from health issues that have been disclosed, I am in good health.
- I understand that should any information regarding my health status come to light during a practical procedure, it is my responsibility to seek appropriate advice. This may include referral to my General Practitioner or other appropriate health professional. The Open University will keep such information confidential unless I have given explicit permission for the information to be divulged to another party.
- I understand that it is my responsibility to inform my Employer of any change in health status that may occur subsequent to my completion of this Work Based Learning Agreement. I am aware that neither my Employer nor The Open University shall be liable if I have failed to declare any change in health status.
- I understand that it is my responsibility to inform my Employer of any disability. Neither my Employer nor The Open University shall be liable where there has been incomplete or non-disclosure of any disability.
- I understand that it is my responsibility to complete any study required, as directed, in advance of undertaking any practical procedure. I also undertake to query any aspects of the knowledge base or procedure if I am in any way uncertain.
- I understand that it is my responsibility to be aware of the relevant health and safety issues for each practical activity.
- I understand that it is my responsibility to inform my Mentor if I am unable to undertake any of the activities, for whatever reason, and to ensure that this is recorded in my Learning Contract and Portfolio.
- I agree to the Open University providing information on my progress on this course, such as my course results, to my Employer on request.
- I understand that the Open University requires the information requested in this form to assess my suitability for the Course and I consent to them using the information for that purpose.
- I consent to my Employer disclosing the information requested above to the Open University.

Declaration

To be completed by the student

I have read and understood the above, and declare that I am willing and able to take part in all practical components of my chosen Qualification. I also confirm that I have read the course descriptions and other relevant documentation (available from the course websites at www.openuniversity.co.uk/science), and I understand the registration requirements. I confirm that the information provided on this form is accurate, and understand that this declaration applies to all work based learning courses within the Qualification. I agree to abide by the ethical guidelines set out for this Qualification, and to protect the anonymity of individuals and organisations in my assignments. **If I move location before or during the course of the Qualification I will re-negotiate these agreements and inform the S130 Course Team of the changes.**

Students signature:

Print name:

Date:

Witness Signature:

Print name:

Date: