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**Confirmation of WBL (Form 01)**

|  |  |
| --- | --- |
| **Name:** | **Nikita Dilevschi** |
| **Student ID (9 number):** | **97274822** |
| **Course:** | **Cyber Security** |

|  |  |
| --- | --- |
| **Describe the Work Based Learning Experience you will be undertaking:** | |
| **What:** |  |
| **Where:** |  |
| **Industry Support/ Supervision/ Feedback:** |  |

|  |  |  |
| --- | --- | --- |
| **Breakdown of Proposed 70hrs Activity:** | | |
| **Number of hours** | | **Activity** |
| **6** | |  |
| **6** | |  |
| **6** | |  |
| **6** | |  |
| **6** | |  |
| **6** | |  |
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| **6** | |  |
| **6** | |  |
| **6** | |  |
| **6** | |  |
| **Total:** | **70 hrs** |  |

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**External WBL Agreement (Form 02)**

**For students undertaking placements only**

|  |  |
| --- | --- |
| **Name:** | **Nikita Dilevschi** |
| **Student ID (9 number):** | **97274822** |
| **Course:** | **Cyber Security** |
| **Email:** | **dilevschinikita75@gmail.com** |
| **Mobile:** | **+447885227155** |

|  |  |
| --- | --- |
| **Name of employer:** |  |
| **Employer website:** |  |
| **Key contact name:** |  |
| **Key contact email** |  |
| **Key contact phone number:** |  |
| **Address/ Location of placement:** |  |

|  |  |
| --- | --- |
| **Will the student receive financial support for the placement from the employer?** | **YES / NO** |
| **Provide details if yes:** |  |
| **Start date:** | **06/03/2024** |
| **Expected finish date:** | **31/03/2024** |
| **No. of days per week:** | **3-4** |
| **Hours of work:** | **70** |
| **Description of workplace duties:** |  |

|  |  |
| --- | --- |
| **INSURANCE / RISK ASSESSMENT / HEALTH & SAFETY** | |
| **Is Employer liability Insurance held** (or local territory equivalent – if overseas please name)**?**  If no, insurance will need to be put in place and confirmed prior to the placement being undertaken. | **Yes / No** |
| **Is Public liability Insurance held?**  If no, insurance will need to be put in place and confirmed prior to the placement being undertaken.  If you are a sole trader / freelancer we do require you to have a public liability policy in place to cover the work that our students do for you. | **Yes / No** |
| **Will your insurances cover any liability incurred by a placement student as a result of his/her duties as an employee?**  If your current policy does not cover the student, please make the necessary arrangements with your provider prior to the start of the placement. | **Yes / No** |
| **Have risk assessments of your work practices been carried out to identify any risks to your employees or others?** | **Yes / No** |
| **Are risk assessments kept under regular review?** | **Yes / No** |

The placement organisation acknowledges its responsibilities under the Health and Safety at Work etc Act 1974 (or local territory equivalent) and all related legislation, and will ensure, as far as reasonably practicable, the health, safety and welfare of the student for the duration of the placement.

**The above statements are true to the best of my knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | | **Student** | |
| **Name:** |  | **Name:** | **Nikita Dilevschi** |
| **Signature:** |  | **Signature:** | **signature** |
| **Date:** |  | **Date:** | **05/03/2024** |

|  |  |
| --- | --- |
| **Academic Approval** | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **UKVI Compliance Approval (International Student Visa Students Only)**  Please email: Karolina Harbin [k.harbin@rave.ac.uk](mailto:k.harbin@rave.ac.uk) | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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**WBL Record of 70 hrs activity (Form 03)**

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| --- | --- |
| **Name:** |  |
| **Student ID (9 number):** |  |
| **Course:** |  |

|  |  |
| --- | --- |
| **Describe the Work Based Learning Experience you will be undertaking:** | |
| **What:** |  |
| **Where:** |  |
| **Industry Support/ Supervision/ Feedback:** |  |

|  |  |  |
| --- | --- | --- |
| **Breakdown of Actual 70hrs Activity:** | | |
| **Number of hours** | | **Activity** |
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| **Total:** |  |  |

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| **Feedback from supervisor/ employer / industry partner** |

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**Weekly timesheet (Form 04)**

**This timesheet must be completed each week and must signed by the Placement supervisor. Timesheets must be sent to: [WBLtimesheet@rave.ac.uk](mailto:WBLtimesheet@rave.ac.uk) by Friday each week whilst on placement.**

|  |
| --- |
| **Name:**  **Company:**  **Supervisor:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time in** | **Time out** | **Total hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

|  |  |
| --- | --- |
| **Supervisor** | **Student** |
| **Name:  Signature:**  **Date** | **Name:  Signature:**  **Date** |