

SERVICE CONTRACT FOR STUDENTS **PLACEMENT**

This contract is between

Forward Academic Team Ltd, Room 225b Island Business Centre, 18-36 Wellington Street, Woolwich, London, SE18 6PF

AND

(Dentist/Surgery Name and address) _____

For the attachment of:

Students Name: _____

National Insurance Number: _____

Student Number: _____

This contract runs for one year or until the nurse is qualified but not more than 24 months.

Charges

FATE does not charge for placement of trainee dental Nurses.

Attachment Salary

An attachment hourly rate (if applicable) must be agreed with the trainee before the engagement takes place.

Weekend and Holidays

FATE advice that students should work around their class schedule Please note that our Dental Nursing classes run on Saturdays Fortnightly 10 am-3 pm.

Partners Obligations

The following are carried out to ensure that partners meet the health and safety legislations.

- 1) A health and safety inspection by FATE H&S Officer. Partners must provide FATE with the senior member of staff who is responsible for health and safety within the company.
- 2) Partners must accept to supervise trainees whilst carrying out duties that require supervision.
- 3) Partners must not engage trainees with responsibilities that they are not qualified to do.
- 4) Partners must provide trainees with the right equipment for the job.

FATE reserves the rights to stop the contract or pull out Students without warning where it feels the partners or employer does not meet Health & Safety Regulations. The client shall not be liable for any damages caused by such action.

FATE RESERVES THE RIGHT TO VISIT THE STUDENT'S WORK PLACE WITHOUT WARNING TO ASSESS STUDENTS WORKING ENVIORNMENT.

It is important that partners allow tutors to come to their surgery to assess trainees for their coursework. All assessment visits will be discussed with partners and an appointment made for a suitable time.

This contract will be reviewed after 6 months; your first review will be due in

(DATE) _____

Signatures _____

On Behalf of Dental Clinic

Full Name _____ **Position** _____ **Date** _____

A handwritten signature in black ink, appearing to be "Shekhar Sharma", written over a horizontal line.

On behalf of FATE

Full Name: Shekhar Sharma ___ **Position** **Manager** **Date** 21/09/2016