

WORK EXPERIENCE OWN PLACEMENT FORM

Please complete this form when making a direct approach to employers and return to school as soon as possible but no later than Friday 23rd March. Please write details clearly in capitals.

School:	Work EXP Date: 4th – 8th September 2017
Student name:	Tutor Group:
Address:	DOB:
	Home Tel No:
	Mobile No:
	Parent/Carer email:
Signed:	Date:

EMPLOYER DETAILS

Company Name:	Student's job title:
Contact Name:	Placement Date: 4th – 8th September
Address:	Have you taken part in work exp before Y/N If yes please give details below:
Post code:	Certificate of Employer's Liability Insurance (Compulsory) Please attach a copy of this certificate.
Tel No:	Policy No:
Fax No:	Issued by:
E-Mail:	Expiry Date:
Website:	Company Business:

As a representative of the above company, I agree to the student named above working on the premises and acknowledge the company's responsibilities relating to Health & Safety at work and student welfare. BEST recommend that all employers read "Young people and work experience" which gives a brief outline of employers' responsibilities. To access this document please go to <http://www.hse.gov.uk/pubns/indg364.pdf>

Name:	Position:
Signed:	Date:

What is the relationship between student and employer eg, family friend, relative, etc.

Parent/Guardian – Placement recommendation

Why are you recommending this placement for your child?	
Are you assured that your child's safety and well being will be looked after whilst on placement?	
As the parent/guardian of the student named above, I confirm that I have read this form and agree to my child taking part in the scheme and undertake that he/she will observe the conditions set out.	
Signed:	Date: