

Personal Placement Form

Start Date: _____

End Date: _____

Student Information

Name of Student: _____

Tutor Group: _____

Address: _____

Date of Birth: _____

Telephone: _____

Postcode: _____

Gender: Male Female

Placement Provider Information

Employer Name: _____

Type of Company: _____

Contact Title: _____

Contact Name: _____

Contact Position: _____

Contact Salutation: _____

Placement Address: _____

Telephone: _____

Mobile: _____

Email: _____

Postcode: _____

Fax: _____

Number of Employees: _____

Signature: _____

Date: _____

Location of placement if different to the above _____

It is a requirement of Work Experience that companies have completed and returned a signed copy of the Connexions Work Experience Agreement and that companies hold both Public and Employer Liability Insurance Policies. **Do you have these policies?**

Employer Liability Insurance: Yes No

Public Liability Insurance: Yes No

Placement Description

Job Title: _____

IS PLACEMENT OUTSIDE OF TYNE & WEAR: Yes No

Description of placement (work to be undertaken): _____

Location/Travel: _____

Report to: _____

At (time): _____

Hours: ** _____

Meals: _____

Dress Code/PPE: _____

** Hours must be between 8am and 5.30pm (Monday to Friday)

PARENT / CARER AGREEMENT

I confirm that the person with parental responsibility has agreed to the above student undertaking work experience at the above placement.

Parent/Carer Signature: _____ Relationship to Student: _____ Date of Consent: _____

SCHOOL AGREEMENT

I AGREE TO THIS PLACEMENT, SUBJECT TO A SATISFACTORY HEALTH AND SAFETY ASSESSMENT

School: _____

Co-ordinator: _____

Signature: _____

Date: _____