

Work Experience Placement Form

Guide:

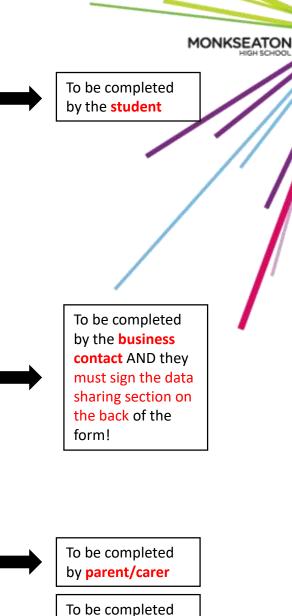
How to complete the

work experience

placement form

Please ensure that as much information as possible is filled in and that handwriting is legible. Have a great placement!

Learner Details Tutor Group: Learner Name: Learner Age: Under 16a 16-17a 18 plusa (tick appropriate box) Gender: Notes e.g. Medical conditions or allergies: Name of person organising placement (e.g. Parent, student, school staff): Landline Number: Mobile Number: Contact Position: Email: Postcode: Location of placement if different to the above: Signature: _____ Date: _____ Description of Duties: Proposed working days allon altues alled althurs afri asst asun Travel Arrangements: Report to: Start Time: Dress Code/ PPE: _____ Meal Arrangements: Insurance In order for a company to take on a learner for work experience they MUST have the necessary insurances in place. Insurance Company Name: , Employer Liability Insurance Yesa, Non Policy Number: ______ Expiry Date: Public Liability Insurance Yes, Non Policy Number: Expiry Date: Parent/ Carer Agreement As a responsible parentiquardian I confirm the above learner participating in the work experience at the above arranged placement. School Agreement I agree to this placement, subject to a successful health and safety assessment. Signature: ______ Position: _____



by Mr. Hay once

form is handed

back to school.