

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

Learner Name: _____ Tutor Group: _____

Learner Age: Under 16 16-17 18 plus (tick appropriate box) Gender: Male Female

Notes e.g. Medical conditions or allergies: _____

Placement Details

Name of person organising placement (e.g. Parent, student, school staff): _____

Placement Start Date: _____ Placement End Date: _____

Business Name: _____ Landline Number: _____

Contact Name: _____ Mobile Number: _____

Contact Position: _____ Email: _____

Business Address: _____

Postcode: _____

Location of placement if different to the above: _____

Signature: _____ Date: _____

Description of Duties: _____

Proposed working days Mon Tues Wed Thurs Fri Sat Sun

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 Yes No Policy Number: _____ Expiry Date:

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Public Liability Insurance Yes No Policy Number: _____ Expiry Date:

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Parent/ Carer Agreement

As a responsible parent/guardian I confirm the above learner participating in the work experience at the above arranged placement.

Parent/Guardian Signature: _____ Relationship to Student: _____ Date: _____

School Agreement

I agree to this placement, subject to a successful health and safety assessment.

Name: _____ Signature: _____ Position: _____ Date: _____

To be completed
by the **student**

To be completed
by the **business
contact** AND they
must sign the **data
sharing section on
the back** of the
form!

To be completed
by **parent/carers**

To be completed
by **Mr. Hay** once
form is handed
back to school.

Guide:

How to complete the
work experience
placement form

MONKSEATON
HIGH SCHOOL