

## SELF PLACEMENT FORM

Dear Student,

This form is to be used **only** if you have found your **own placement**. Please make sure all sections are completed and that you have **all three** signatures before handing the form to your teacher.

### SCHOOL DETAILS

School _____	Placement Dates From _____
Tel No _____	To _____

### STUDENT DETAILS

Mr/Miss _____	First Name _____	Surname _____
Date of Birth _____	Age at Placement _____	Form/Tutor Group _____
Home Address _____	Post Code _____	
Tel No _____	Mobile _____	e-mail _____
Please give details of any medical or other conditions which could affect your work experience placement ie Hayfever, Asthma, Eczema, Epilepsy, Allergies, Colour Blindness, Dyslexia _____		
_____		

Dear Employer,

This form has been given to you following your agreement to a work experience placement. Please complete the company details, fill in a brief description of the placement to be undertaken and sign the **Employer section on the reverse** confirming that you carry Employer's Liability Insurance. This form should then be returned to the student for delivery to school. Please complete the details promptly to allow the placement information to be processed in good time. Thank you for supporting the work experience programme.

### COMPANY DETAILS (where student will be working)

Organisation Name _____	Dates Confirmed From _____
Business Description _____	To _____
Address _____	
_____	
Post Code _____	Tel No _____
Fax No _____	e-mail _____
Contact Name _____	www _____
No of Employees _____	Mobile No _____
Applied through Friend, Relative, Lecturer, Other _____	
(please complete overleaf)	

## JOB DESCRIPTION

(Please give as much information as possible)

Placement Title \_\_\_\_\_

Placement Tasks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Working Days From \_\_\_\_\_ To \_\_\_\_\_

Working Hours From \_\_\_\_\_ To \_\_\_\_\_

Lunch Times From \_\_\_\_\_ To \_\_\_\_\_

Lunch Arrangements Staff Canteen / Local Cafe / Local Shops / Bring Packed Lunch / Provided

Requirements \_\_\_\_\_ Provided Yes  No

Have you provided work experience placements in the past? Yes  No

Would you consider offering placements in the future? Yes  No

## SIGNATURES

### STUDENT

As the **Student** named overleaf I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with Company policy.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/GUARDIAN

As the **Parent/Guardian** of the student named I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which my son/daughter may undertake their work experience.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYER

As a representative of the above **Employer** I confirm that the student has a placement with the company on the dates specified, that as a company we have **EMPLOYER'S LIABILITY INSURANCE** and have checked that this extends to students on work experience. This is a minimum requirement and the placement cannot go ahead if not in place (if possible, please supply a copy). I also understand that, where necessary, Education Business Plus may need to visit to discuss health and safety arrangements for the placement.

Name of Insurer \_\_\_\_\_ Certificate No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_