

Work Experience Self Organised Placement Form

Please ensure all the sections are completed fully and clearly and return to room 201. Please speak to Mrs Hanson or call 0114 225 3082425, email caroline.hanson@pwa.e-act.org.uk if any questions.

Student		
Name:		Form Teacher:
Company Details		
Business/Organisation Name:		
Address where work experience will take place including postcode:		
Please note we cannot accept virtual placements.		
Tel No: <i>*required</i>		
E-mail: <i>*required</i>		
Contact Name:		Position:
Role Description		
Role Title: <i>*required</i>		
Student's Role and Tasks: <i>*required.</i>		
Placement Dates	From: 17 th June	To: 21 st June
Working Hours (Hours must take place between 7am and 7pm)	From:	To:

Employer Details

As a representative of the above company I agree to offer this student a work experience placement as described above, providing supervision and support and communicating with the school regarding any issues.

Signature:

Date:

Employer's Liability Insurance **The placement **cannot** go ahead without this minimum requirement. Please ensure all fields below are accurately completed*

Name of Insurer:

Policy No:

Expiry Date:

Who is responsible for Health and Safety?

Tel:

I confirm that I have will offer adjustments for any medical conditions or educational needs of the student

Yes

No

Parent/Guardian

How has this placement come about?

Has this been through a personal contact, family member or friend? What information can you provide us that assures us you feel your child will be well looked after and kept safe?

As parent/carer I agree to my child attending this work experience placement.

Name:

Signature:

Date: