



WORK EXPERIENCE SELF PLACEMENT FORM

STUDENT NAME: _____

Male Female (please tick)

Form: _____ School: _____

Dates of Work Experience From: _____ To: _____

Date of Birth: _____

Home/Mobile Tel No: _____

HEALTH DECLARATION In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma):

TO THE STUDENT: As the student named above I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employers representatives or by displayed instructions.

Student Signature: _____ Date: _____

TO THE PARENT/CARER: As the parent/carer of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

Parent/Guardian Name: _____

Signature: _____ Date: _____

(Please give this form to the employer to complete details overleaf)

TO BE COMPLETED BY THE EMPLOYER

Thank you for agreeing to take the student named overleaf on Work Experience. We would be grateful if you could complete the following before signing the form below.

EMPLOYER NAME	
Placement Address	
Postcode	
Email Address	
Telephone/Fax	
Mobile	
Placement Title	
Duties to be carried out by student:	
Working Days/Times	
Meal Breaks	
Appropriate Clothing	

Employers Liability Insurance Details

Insurance company: _____

Policy No: _____ Expiry Date: _____

PLEASE NOTE WITHOUT EMPLOYERS **LIABILITY** WE **CANNOT** AUTHORISE THE PLACEMENT.
PUBLIC LIABILITY ALONE WILL **NOT** SUFFICE.

By signing this form you are agreeing to provide a placement to the named student.

**PLEASE MAKE A NOTE OF THE DATES ON WHICH THE STUDENT IS DUE TO UNDERTAKE
WORK EXPERIENCE PLACEMENT AUTHORISED BY:**

Contact Name: _____ Position: _____

Signature: _____ Date: _____