

Work Experience 2024

Company Details

Please complete BOTH sides of this pro forma, with details of your Work Experience Placement.

Monday 24th June – Friday 28th June

DEADLINE FOR THIS FORM TO BE HANDED IN – FRIDAY 19TH APRIL

Student Details – completed by parents.
Name:
Form group:
Emergency contact whilst student is on placement:
Name:
Telephone number:
Parent's email address:

If the student has any specific learning or medical requirements that the employer needs to be aware of please list below:
As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business, which I may obtain during this work period, and not to disclose any such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions.
Student's signature:
Date:
As a parent/guardian of the student named above I agree to his / her taking part in this scheme and undertake that he / she will observe the conditions set out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form being shared with the employer.
Parent / guardian signature:
Date:

Company Name:	Contact Name:
Address of placement:	
Contact Number:	Direct Line: Fax:
Email: (all correspondence from school will be sent via email. Please ensure this is added)	
For Health and Safety Verification of this placement, please complete the Employers Liability Insurance (ELI) details below. Without ELI, the placement cannot be approved. Please contact Mr Brittle at the school office, if you have any questions.	
Insurance Company	
Policy Number	
Expiry Date	
<p>As a representative of the above employer, I agree to the student named above working on my premises, acknowledge my responsibilities under the Health & Safety at Work Act, and work experience guidelines.</p> <p>Signed:</p> <p>Date:</p> <p>Name (printed):</p> <p>Position in the company:</p>	
Job title and duties; please use this space to give a brief description of duties the student will perform on their placement:	
Working Hours:	
Lunch Arrangements:	
Clothing Requirements:	