



Leicestershire Education Business Company

30 Frog Island  
Leicester  
LE3 5AG

Tel: 0116 240 7270 Fax: 0116 240 7001

## SELF PLACEMENT FORM 2021/22

**Student** - This form is to be taken to the company you wish to work with and be completed by your employer.

Please note you can only find a Self-Placement in Leicestershire and the following areas: Derbyshire, Rugby Nottinghamshire, Lincolnshire and Rutland, Northamptonshire, Atherstone, Nuneaton and Bedworth.

**Important: students please note you must also complete an application form!**

**Employer** – Please complete this form fully and return to the student ASAP.

If you have not previously offered work experience, one of our Employer Assessors will shortly be in touch to arrange a brief meeting to ensure the information held on our database about your organisation is both accurate and satisfactory. Please ensure you provide a valid contact number that you can be reached on during the week between 9am and 5pm.

**Insurance** – When students are on work experience they are classed as employees and we ask that you confirm below that you have these insurances otherwise the placement cannot go ahead. The Employer Assessor will need to see the certificates when they visit.

|   |                          |                          |                                    |                          |                          |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <b>Do you have Employers Liability Insurance?</b> | YES                      | NO                       | <b>Public Liability Insurance?</b> | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/> | <input type="checkbox"/> |

### ALL DETAILS ARE TO BE COMPLETED

Student Name ..... School/College: **Brookvale Groby Learning Campus**

Placement Dates: **11<sup>th</sup> – 15<sup>th</sup> July 2022**

Company Name .....

Address.....

..... Post Code.....

Telephone Number ..... Email .....

Company Contact ..... Position.....

Work Experience Role (e.g. Office Assistant).....

**CONTACT SIGNATURE** ..... **PRINT NAME** ..... **DATE** .....

By signing this form I consent to LEBC holding my personal details for the purposes of arranging this placement. I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to [contactus@leics-ebc.org.uk](mailto:contactus@leics-ebc.org.uk)

**TEACHER SIGNATURE** ..... **PRINT NAME** ..... **DATE** .....

**Privacy Statement** – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promise to keep your details safe and secure. You can change your mind at any time by emailing [contactus@leics-ebc.org.uk](mailto:contactus@leics-ebc.org.uk) For further details on how your data is used and stored, please visit [www.leics-ebc.org.uk/privacypolicy](http://www.leics-ebc.org.uk/privacypolicy)