

Tel: 0116 240 7270 Fax: 0116 240 7001



SELF PLACEMENT FORM 2022/23 Brookvale Groby Learning Campus

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 complete the front and the back of this 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.

Do you have Employers Liability Insurance?	YES	NO	Public Liability Insurance?	YES	NO
ALL DETAILS ARE TO BE COMPLETED					
Student Name		Plac	ement dates:		
Company/Business Name					
Address					
			Post Code		
Phone Number Email					
Company Contact Full Name:					
Company Contact Position					
Work Experience Role (e.g. Office Assistant)					
CONTACT SIGNATURE	details for	the purp	oses of arranging this placement. I	understand	d that I can
TEACHER SIGNATURE	PRINT N	AME	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 For further details on how your data is used and stored, please visit www.leics-ebc.org.uk pebc.org.uk/privacypolicy

30 Frog Island Leicester LE3 5AG

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PERSONAL DETAILS					
Male ☐ Female ☐ First Name	Surnar	me			
Date of Birth//	Home Address				
Postcode Contact	Number Email Addre	SS			
asthma, hearing impairment, epil	sses or other factors that the employer should epsy:				
STUDENT PROFILE – FOR TUTOI					•••••
Does this learner require a higher	level of supervision whilst out on placement?	Yes/No			
Has the Designated Senior Person	identified this learner as being vulnerable in r	elation to their work	experience p	lacemen	t? Yes/No
Please indicate if the learner ne	eeds additional support with: Tick as appropria	ite		YES	NO
Reading					
Understanding and following in	structions				
Speaking English (If yes please	specify learners first language)		
The learner has a Special Needs	Statement/EHC PLAN (if yes more details mu	ıst be given to LEBC)			
	work experience placement, LEBC requires so vide a suitable experience and do everything re	•			-
the purposes of arranging a work	EBC holding personal details of the young personal experience placement. I understand that I carrecords following the placement and that	an ask for their data	and / or any	photogr	aphs to be
young people. We will never sell	eep in touch with you about the service in whic your data and we promise to keep your detai -ebc.org.uk. For further details on how data is	Is safe and secure. Yo	ou can change	e your m	
The risk assessment forms part of	the Health, Safety and Welfare arrangements the Work Experience Agreement which you w nt to inform the placement provider of any he	ill receive and need to	o sign. Please	can you	check tha
PARENT/LEGALLY RESPONSIBLE F	'ERSON:				
Name:	Signature	Dat	te:		
LEARNER: I agree to the use of da					

Name:______Date:_____