





Leicestershire Education Business Company

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**SELF-PLACEMENT FORM 2022/2023**

**Brookvale Groby Learning Campus**

**PERSONAL DETAILS**

Male  Female  First Name ..... Surname .....

Date of Birth ...../...../..... Home Address .....

Postcode ..... Contact Number ..... Email Address.....

**HEALTH:** Please indicate any illnesses or other factors that the employer should be made aware of, e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy:

**STUDENT PROFILE – FOR TUTOR TO COMPLETE**

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 relation to their work experience placement? **Yes/No**

Please indicate if the learner needs additional support with: *Tick as appropriate*

	YES	NO
Reading		
Understanding and following instructions		
Speaking English (If yes please specify learners first language.....)		
The learner has a Special Needs Statement/EHC PLAN (if yes more details must be given to LEBC)		

In order to provide and process a work experience placement, LEBC requires some specific information which we need to pass on to the employer so that they can provide a suitable experience and do everything reasonable to protect your Health, Safety and Welfare.

By signing this form I consent to LEBC holding personal details of the young person named below who I am legally responsible for, for the purposes of arranging a work experience placement. I understand that I can ask for their data and / or any photographs to be permanently removed from the records following the 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)

**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 data is used and stored, please visit our website.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person. The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign. Please can you check that the health information is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

**PARENT/LEGALLY RESPONSIBLE PERSON:**

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**LEARNER:** I agree to the use of data as described above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_