 Work Experience Placement Form

*Please ensure that as much information as possible is filled in and that handwriting is legible. Have a great placement!*

**Learner Details**

Learner Name: Tutor Group:

Learner Age: Under 16□ 16-17□ 18 plus□ (tick appropriate box) Gender: Male □ Female □

**Notes** eg Medical conditions or allergies:

**Placement Details**

**Name of person organising placement (eg Parent, student, school staff):**

Placement Start Date: Placement End Date:

Business Name: Landline Number:

Contact Name: Mobile Number:

Contact Position: Email:

Business Address:

Postcode:

Location of placement if different to the above:

Signature: Date:

Description of Duties:

Proposed working days □Mon □Tues □Wed □Thurs □Fri □Sat □Sun

Travel Arrangements:

Report to: Start Time:

Dress Code/ PPE: Meal Arrangements:

**Insurance**

In order for a company to take on a learner for work experience they MUST have the necessary insurances in place.

Insurance Company Name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Employer Liability Insurance Yes□ No□ Policy Number: Expiry Date:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Public Liability Insurance Yes□ No□ Policy Number: Expiry Date:

**Parent/ Carer Agreement**

As a responsible parent/guardian I confirm the above learner participating in the work experience at the above arranged placement.

Parent/Guardian Signature: Relationship to Student: Date:

**School Agreement**

I agree to this placement, subject to a successful health and safety assessment.

Name: Signature: Position: Date: