

Shavington Academy Work Experience Self Placement Form

(Please return your completed form directly to Mrs Prince)



PLACEMENT DATES: Monday 19th June 2017 - Friday 23rd June 2017

STUDENT DETAILS

First Name _____ Surname _____

Date of Birth _____ Age at Placement _____ Form _____

Home Address _____

Postcode _____

Tel No _____ Mobile _____

Email _____

Please give details of any medical or other condition which could affect your work experience placement, ie. Hayfever, Asthma, Eczema, Epilepsy, Allergies, Colour Blindness, Dyslexia _____

Dear Employer

This form has been given to you following your agreement to a work experience placement. Please complete the company details, fill in a brief description of the placement to be undertaken and sign the **Employer Section on the reverse confirming that you carry Employer's Liability Insurance**. This form should then be returned to the student for delivery to school. Please complete the details promptly to allow the placement information to be processed in good time. Thank you for supporting the work experience programme.

COMPANY DETAILS (where the student will be working)

Organisation Name _____

Business Description _____

Address _____

Postcode _____ Tel No _____

Email _____ www _____

Contact Name _____ Mobile _____

No. of Employees _____ Applied through friend, relative, lecturer, other _____

(please complete overleaf)

JOB DESCRIPTION

(Please give as much information as possible)

Placement Title _____

Placement Tasks _____

Working Days From _____ To _____

Working Hours From _____ To _____

Lunch Times From _____ To _____

Lunch Arrangements Staff Canteen / Local Café / Local Shops / Bring Packed Lunch / Provided

Requirements _____

Have you provided Work Experience placements in the past? YES / NO

Would you consider offering Work Experience placements in the future? YES / NO

SIGNATURES

STUDENT

As the student named overleaf, I agree to take part in the Work Experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with Company policy.

Name _____ Signed _____ Date _____

PARENT/GUARDIAN

As the Parent/Guardian of the student named, I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which my son/daughter may undertake their work experience.

Name _____ Signed _____ Date _____

EMPLOYER

As a representative of the above Employer, I confirm that the student has a placement with the company on the dates specified, that as a company we have EMPLOYER'S LIABILITY INSURANCE and have checked that this extends to students on Work Experience. This is a minimum requirement and the placement cannot go ahead if not in place (in possible, please supply a copy). I also understand that, where necessary, Shavington Academy, or a representative thereof, may need to visit to discuss health and safety arrangements for the placement.

Name of Insurer _____ Certificate No. _____ Expiry Date _____

Name _____ Position _____

Signed _____ Date _____