

## Work Experience Own Placement Details



Pupil Name: \_\_\_\_\_

Registration group: \_\_\_\_\_

I have arranged and confirmed with the following organisation that they are willing to accept me to undertake work experience for the week commencing 16<sup>th</sup> July 2018.

Name of Organisation:	
Department/Type of placement:	
Placement address:	
Postcode:	
Contact name:	
E-mail address:	
Telephone number:	
Mobile number (for those not working in an office):	

### **Checklist:**

Copy of the Employer's Liability Insurance Certificate

Completed risk assessment

Employer confirmation (overleaf) completed and signed

Parent signature (overleaf)

## Employer Confirmation

I have agreed to support this student by providing a work placement opportunity for the week commencing Monday 16<sup>th</sup> July. I have provided him/her with a Young Person's Risk Assessment and a copy of our Employer's Liability Insurance Certificate.

**Employer Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Print Employer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Insurance details:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Parent Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For school use only:

Copy of the Employer's Liability Insurance Certificate received		
Completed risk assessment received		
Organisation contacted		Name of person contacted:  Date of contact:  Staff initials:  Additional information: