





## PLACEMENT DETAILS

Please make sure ALL sections are completed before returning it to school.  
This form needs to be completed & signed by the employer who has agreed to accommodate the student through their week's placement. The employer **MUST** have confirmation of Employers Liability Insurance. Students will not be allowed to be placed without this.

### COMPANY DETAILS

Business Name:		
Business Description:		
Address:	Telephone Number:	
	E-mail:	
Postcode:	Contact Name:	Position:

### EMPLOYER JOB DESCRIPTION

Placement Title:		
Student Role (list of basic duties/activities students will experience):		
Lunch Requirements (eg: Packed lunch, canteen etc):		
Additional Information:		
<u>EMPLOYER to complete</u>		
" I confirm that the above named employer can accommodate the student named during their placement (13-17 <sup>th</sup> July 2020).		
Name:	Position:	
Signature:	Date:	
<b>Employers Liability Insurance</b> - This placement <b>CANNOT</b> go ahead without this insurance.		
" I agree that we hold employers liability insurance that extends to students on work experience.		
<b>Name of Insurer:</b>	<b>Certificate Number:</b>	<b>Expiry Date:</b>
Have you had students before YES / NO		
I can confirm that I have noted any medical conditions detailed on this form YES / NO		

### STUDENT

I agree to take part in work experience and I will observe all health & safety and Security regulations in accordance with the employer's policy. I also understand my responsibility in maintaining confidentiality in relation to the employers business. I confirm that I have completed this form carefully and fully.		
Name:	Signature:	Date: