School:_____ **Coordinator:** _____

Student Name: _____ **Year Group:** _____

Organisation: _____

Address:

_____

Postcode: _____

Name of Contact: _____ **Position:** _____

Telephone: _____ **Mobile:** _____
Email: _____

Nature of business: _____

Period of Work Experience: _____ **From:** _____ **To:** _____

Start/Finish Times: _____ **Placement Job Title:** _____

Main duties and responsibilities of student:

_____
_____
_____
_____

Additional Information / Requirements (e.g. dress code or uniform required / lunch arrangements):

_____
_____
_____

Work Place Prohibitions:

_____
_____
_____

Additional Needs: Yes / No (if yes please list)

_____
_____
_____

Note to the placement provider: It is a requirement that students on work experience are covered by Employer's Liability Insurance. Please detail below. This will be confirmed at the health and safety visit.

Insurance Company: _____ **Policy Number:** _____

Expiry Date: _____

Employer Signature: _____