

WORK EXPERIENCE PLACEMENT DETAILS 7th – 11th March 2022



Student Name:

Company Name:

Address:

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Tel: Email:

Contact Name:

Placement Description:

Special Clothing:

Hours of Work: Days of the Week: Mon / Tues / Wed / Thurs / Fri / Sat / Sun	Meal Arrangements: Please circle Packed Lunch / Canteen Okay to go off the working site
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Person to Report to on first day of Placement: _____

I confirm that my organisation holds the following INSURANCES and that these will be current at the time of the placement.

- Employer Liability – required for all placements except when supervised
- by a parent, grandparent or sibling. YES NO

Employer Liability Insurer	Policy Number	Expiry Date

Declarations:

I hereby sign to the effect that I accept full responsibility for all risk, Health and Safety and safeguarding matters and that the school is absolved of any liability whatsoever arising from accident, inappropriate behaviour, etc
As a representative of the employer, I agree to the named student working on my premises and we have the required young person's risk assessment in place.

Signature: _____ Date: _____

Name: _____ Position Held: _____

Parent signature _____ Date: _____

Please return to Mrs S Stacey, Holbrook Academy, Ipswich Road, Holbrook, IP9 2QX
Email: sheila.stacey@holbrookacademy.org