



WORK EXPERIENCE PLACEMENT DETAILS

11th March - 15th March 2024

Student Name:

Company Name:

Address:

.....

Tel: Email:

Contact Name:

Placement Description:

Special Clothing:

Hours of Work:	Meal Arrangements: Please circle Packed Lunch / Canteen Permission to go off the working site
Days of the Week: Mon / Tues / Wed / Thurs / Fri / Sat / Sun	

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/carer, 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/Carer signature Date: