



**WORK EXPERIENCE PLACEMENT DETAILS 10<sup>th</sup> March - 14<sup>th</sup> March 2025**

**Student Name:** .....

**Company Name:** .....

**Address:** .....

**Tel:** ..... **Email:** .....

**Contact Name:** .....

**Placement Description:**

**Special Clothing:**

<b>Hours of Work:</b>  <b>Days of the Week:</b> Mon / Tues / Wed / Thurs / Fri / Sat / Sun	<b>Meal Arrangements: Please circle</b> 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/Carer signature** ..... **Date:** .....

Please return to Mr Rogers, Holbrook Academy, Ipswich Road, Holbrook, IP9 2QX  
Email: [simon.rogers@holbrookacademy.org](mailto:simon.rogers@holbrookacademy.org)