



YEAR 12

WORK EXPERIENCE PLACEMENT FORM

Please complete this form and return to your form tutor no later than 4th April 2019

Student Name _____

Form _____

Company Details

I have contacted the employer detailed below who has agreed to the placement from 24 to 28 June 2018. I understand that unless the company is able to provide Lymm High School with all the relevant Health & Safety and Employers Liability Insurance information, I will not be able to attend.

Company Name _____

Company Address _____

Postcode _____ Tel No _____

Nature of the Business _____

Contact Name _____

Position in Company _____

Contact Email _____ Tel _____

Role Offered _____

Description of Duties _____

Days & Hours of Work _____

Dress Code _____

Any Special Requirements _____

Have you provided work experience placements in the past? Yes No

Would you consider offering placements in the future? Yes No

My placement cannot provide work experience from 25 to 29 June 2018 so I am completing my placement on:

(dates) _____

Student Details

Mr/Miss _____ First Name _____ Surname _____

Date of Birth _____ Age at placement _____ Form Group _____

Home Address _____

Post Code _____ Home Phone Number _____

Mobile Number _____ Email _____

Please give details of any medical or other conditions that could affect your work experience placement (eg hay fever, asthma, eczema, epilepsy, allergies, colour blindness, dyslexia) _____

Student

As the student named overleaf I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business which I obtain during this work period. I also agree to observe all safety and security regulations in accordance with company policy.

Name _____ Signed _____ Date _____

Parent/Carer

As the parent/carers of the student named I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which my son/daughter may undertake their work experience.

Name _____ Signed _____ Date _____

Employer

As a representative of the above Employer I confirm that the student has a placement with the company on the dates specified, that as a company we have EMPLOYER'S LIABILITY INSURANCE and have checked that this extends to students on work experience. This is a minimum requirement and the placement cannot go ahead if not in place (if possible, please supply a copy). I also understand that, where necessary, Lymm High School may need to visit to discuss health and safety arrangements for the placement.

Name of Insurer _____ Certification No _____ Expiry Date _____

Name _____ Position _____

Signed _____ Date _____