



YEAR 12 WORK EXPERIENCE PLACEMENT FORM

Please complete this form and return to your form tutor no later than 27 March 2020

Student Name		Form	
--------------	--	------	--

Company Details

I have contacted the employer detailed below who has agreed to the placement from **22 to 26 June 2020**. 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	
Nature of 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 22 to 26 June 2020 so I am completing my placement on:

(Dates)	
---------	--

Student Details

Mr/Mrs		First Name		Surname	
DOB		Age at placement		Form Group	
Home Address					
Postcode			Home Tel		
Mobile Tel			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	