

WORK EXPERIENCE OWN PLACEMENT FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS AND PLEASE RETURN TO **FORM TUTORS**

STUDENT INFORMATION	
STUDENT NAME:	TUTOR GROUP: YEAR GROUP:..... AGE:
SCHOOL:	WORK EXPERIENCE DATES:
EMPLOYER INFORMATION	
COMPANY NAME: .....	.....
TYPE OF BUSINESS: .....	.....
MAIN CONTACT NAME FOR WORK EXPERIENCE: .....	.....
POSITION IN COMPANY: .....	.....
TELEPHONE: MOBILE: WEBSITE: .....	.....
SUPERVISOR OF STUDENT: .....	.....
POSITION IN COMPANY: .....	.....
CONTACT NUMBER .....	.....
EMAIL ADDRESS: .....	.....
PLACEMENT ADDRESS: .....	.....
TOWN: .....	.....
POSTCODE: .....	.....
WORK EXPERIENCE JOB TITLE: .....	.....
BRIEF DESCRIPTION OF STUDENT ACTIVITIES : .....	.....
WORKING HOURS: .....	.....am to .....pm
DAYS OF WORK:	MONDAY / TUESDAY/ WEDNESDAY/THURSDAY/FRIDAY
DRESS CODE:	SMART/SMART CASUAL/OTHER:
LUNCH ARRANGEMENTS / BREAKS: .....	.....
THIS SECTION MUST BE FULLY COMPLETED FOR THIS PLACEMENT TO BE VALID	
Employers offering Work Experience must agree to undergo a Health & Safety check carried out, on behalf of the school, by Hertfordshire County Council Youth Connexions or an alternative approved agency. The assessment will cover Health & Safety in the workplace, insurance and work content, in accordance with Department of Education & Skills requirements.	
INSURANCE—Employers Liability insurance and Public liability insurance cover are legal requirements for Work Experience.	
EMPLOYERS LIABILITY INSURANCE:	
Insurance Provider:	Policy Number: Expiry Date:/...../.....
PUBLIC LIABILITY INSURANCE:	
Insurance Provider:	Policy Number: Expiry Date:/...../.....
CONFIRMATION OF A WORK EXPERIENCE PLACEMENT OFFER FOR THE ABOVE DATES:	
(This section must be completed/authorised by a company manager or supervisor)	
AUTHORISED BY:	CONTACT'S POSITION:
PRINT NAME:	DATE: