



PRIVATE PLACEMENT WORK EXPERIENCE REQUEST

FORM TO BE COMPLETED IN BLOCK CAPITALS AND RETURNED TO SCHOOL

STUDENT INFORMATION

STUDENT NAME:..... TUTOR GROUP: AGE:.....
SCHOOL:..... WORK EXPERIENCE DATE:

EMPLOYER INFORMATION

COMPANY NAME:

TYPE OF BUSINESS:

COMPANY CONTACT NAME:

POSITION IN COMPANY:

TELEPHONE: WEBSITE:

EMAIL ADDRESS:

PLACEMENT ADDRESS:

POSTCODE:

WORK EXPERIENCE JOB TITLE:

WORK EXPERIENCE ACTIVITIES:

WORKING HOURS:am topm

DAYS OF WORK: MONDAY / TUESDAY / WEDNESDAY / THURSDAY

FRIDAY / SATURDAY

DRESS CODE: SMART / SMART CASUAL / OTHER:

LUNCH ARRANGEMENTS / BREAKS:

- Employers offering Work Experience must agree to undergo a Health & Safety check carried out, on behalf of the school, by The Hertfordshire Chamber of Commerce & Industry, 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 cover and Public liability insurance cover are legal requirements for Work Experience.

Do you have EMPLOYERS LIABILITY insurance in place: YES / NO

Do you have PUBLIC LIABILITY insurance in place: YES / NO

CONFIRM THE WORK EXPERIENCE PLACEMENT OFFER FOR THE ABOVE DATES:

(This section must be completed / authorised by a company manager or supervisor)

AUTHORISED BY: CONTACT POSITION:

PRINT NAME: DATE: