

Employer Form Work Experience

(to be handed back to the office with a copy of liability insurance)

Name of student and tutor group		
Name of company		
Address		
Contact name at company		
Phone number		
Email address		
Description of placement		
Work days	1st – 3rd April all included Yes please put a cross:	If no which ones will they work?
Hours of work		
Lunch / break time?		
Any special job requirements?		
<p>Employer Agreement: Our organisation agrees to provide the named student with a work experience placement. We also agree to provide the student with the necessary information, instruction, and training so they know how to fulfil their role properly and do so safely. We have discussed and agreed with the school the safety measures that we already have, or will put, in place to protect the named student during their work placement.</p> <p>Please note a copy of the insurance validation document must be attached to this form and given to the student to hand in to the office. The insurance must be in date until 3rd April to be deemed valid. If this lapses before then another document will be needed once renewed.</p>	<p>Signature:</p> <p>Date:</p>	

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