|  |  |  |
| --- | --- | --- |
| Name of student and tutor group |  | |
| Name of company |  | |
| Address |  | |
| Contact name at company |  | |
| Phone number |  | |
| Email address |  | |
| Description of placement |  | |
| Work days | **21st – 27th March all included**  **Yes please put a cross:** | **If no which ones will they work?** |
| Hours of work |  | |
| Lunch / break time? |  | |
| Any special job requirements? |  | |
| 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.  **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 27th March to be deemed valid.**  **If this lapses before then another document will be needed once renewed.** | **Signature:**  **Date:** | |