

Work Experience Placement Form

Please return this completed form to: mouzoures.c@kings.peterborough.sch.uk

Student Details

Dates of Work Experience:	
Name of student:	
Date of Birth:	
Form:	

Employer Details

Name of Company/Organisation:	
Address:	
Type of Company (e.g. Retail):	
Position Offered:	
Contact Name:	
Contact Job Title:	
Contact Telephone Number:	
Contact Email Address:	

Please give details of your Employer Liability Insurance below:		
Name of Insurer:		
Policy Number:		
Policy Expiry Date:		
Does your company have a Health and Safety Policy?	Yes / No	
If your company has more than 5 employees, does your company have a written risk assessment?	Yes / No	
We recommend you notify your insurers that a work experience student will be on the premises.		

Breakdown of key tasks to be performed by student:	
1.	
2.	
3.	
4.	

Job Requirements: (To be completed by the Company/Organisation)

Dress Code/any safety or personal protective equipment required:		
Working Days and Times: (e.g. Mon-Fri 9am-5pm, and please indicate if this will be a virtual placement)		
Lunch Arrangements: (e.g. 1 hour - 12-1pm, Lunch provided/bring packed lunch)		
Interview Required: Yes / No		
Any Specific Skills Required:		

Permission

Employer: We will provide a placement for the named student - for and on behalf of		
(Company/Organisation)		
Signed:		
Name (Please print in capitals):		
Date:		

Parent/Carer: As parent/carer of the student named above, I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person. I confirm that my child will be able to travel to his/her work placement.

Medical/Learning Need if applicable:	
Signed: (If it is not possible to add an electronic signature, submission of this document is authorisation of your parental support of work experience)	
Name (Please print in capitals):	
Date:	