



## Work Experience Placement Form

Please return this completed form to: [smith.h@kings.peterborough.sch.uk](mailto:smith.h@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.

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

<b>Breakdown of key tasks to be performed by student:</b>
1.
2.
3.
4.

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

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

**Permission**

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

<b>Parent/Carer:</b> 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. <b>I confirm that my child will be able to travel to his/her work placement.</b>	
<b>Medical/Learning Need if applicable:</b>	
<b>Signed:</b> (If it is not possible to add an electronic signature, submission of this document is authorisation of your parental support of work experience)	
<b>Name</b> (Please print in capitals):	
<b>Date:</b>	