

## **Work Experience Placement Form**

Please return this completed form to:  $\underline{mouzoures.c@kings.peterborough.sch.uk}$ 

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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) 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: