**Work Experience Placement Form**

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

**Student Details**

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

**Employer Details**

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

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| **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)

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

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

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| **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**

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

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| **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:**  |  |