

	Brine Leas School Audlem Road Nantwich CW5 7DY	
	Tel: 01270 621612	Email: admin@bl6.org.uk

Work Experience Self-placement Form

Name	Progress Group:
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Company Details

Name of Business/Organisation:

Address:

Postcode:

Telephone:

Contact name:

Email:

Brief description of the business/organisation and how the placement is relevant to your studies and/or future career path:

Job Description

Role/Tasks to be completed:

Would you consider any of the tasks the student will be taking part in are high risk? Yes No (if yes please give details).

Any specific clothing requirements:

Placement dates From: Monday 8th July 2019 To: Friday 12th July 2019

Hours of Work

Employer to complete

I confirm that we can provide a work experience placement for the named student. We will carry out a Health & Safety induction and will have Employers Liability Insurance in place for the dates agreed.

Name: Position:

Signature: Date:

Provider of Employer's Liability Insurance:

Certificate Number: Expiry Date:

Parent/Guardian to complete

I agree for my Son/Daughter to take part in work experience. Does your son/daughter have any medical conditions that the employer should be aware of? Yes No (if yes please give details).

Name: Signature: Date:

Student Declaration

I agree to take part in work experience and observe all Health & Safety regulations in accordance with the placement's policies. I will follow instructions and work to the best of my ability at all times.

Name: Signature: Date: