Date Received:

Work Experience Own Placement Form

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| *Student Details* | |
| First Name: | Surname: |
| Postcode: | Tutor Group: |

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| *Employer Details* | | | |
| Company Name: | | Main Contact: | |
| Type of Business: | | Position: | |
| Address: | | Telephone: | |
| Mobile: | |
| Postcode: | | Email: | |
| *Employers Liability Insurance (E.L.I)* | | | |
| Insurer: | Policy Number: | | Expiry Date: |

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| *Placement Details* | | | |
| Start Date: | End Date: | | Working Hours: |
| Brief Job Description: | | Dress Code and any other special requirements: | |

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| *Employer Agreement* |
| I confirm that this placement is agreed, subject to a health & safety visit and the student attending an interview/meeting nearer the date of the placement. I also confirm that the E.L..I will be in place at the time of the placement.  Employer Signature ………………………………………………………………… Date ……………………………………………………………  Would you be able to offer another student a placement on the same gate? Yes / No  If yes, for how many students? \_\_\_\_\_ |

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| *Student Agreement* |
| I agree to accept the placement arranged by Regents Park using the information provided on this form.  Student Signature ………………………………………………………………… Date ………………………………………………………………… |

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| *Parent Agreement* |
| 1. I agree with the placement choice made on this form and understand that there is no financial assistance available 2. I am aware that in order to arrange an appropriate placement, Regents Park will need to pass on relevant information already held by the school, eg. Name, telephone number, age, special educational needs 3. I can confirm that my child does not suffer from any medical condition that could result in unnecessary risk to themselves or to others   OR  That they do suffer from a medical condition of which the employer should be aware (please note here)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature ………………………………………………………………… Date ……………………………………………………………… |