



**MONDAY 1st - FRIDAY 5<sup>TH</sup> JULY 2019**  
**WORK EXPERIENCE - SELF PLACEMENT FORM**

**\*\*\*Student/parent - School will not accept this form without a copy of the relevant insurance(s) THE DEADLINE FOR SUBMISSION TO SCHOOL IS FRIDAY 18<sup>TH</sup> JANUARY 2019**

**Employer Name & Placement Address**

**Student Name & Address**

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**Postcode**.....

**DOB:**

**Name of Contact**

**School/College:**

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**Employer Telephone No.**

**Dates of Work Experience:**

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**Mobile No.**.....

**Work Experience Job Title** .....

**Brief Description of Duties** .....

I confirm that:

- We will take all possible care of the student's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school or immediately, should we for any reason have to send the student home.
- We understand that if we have not had a placement visit in the last 6 months by a representative of a visit may be necessary prior to the student taking up the placement
- We have Employers & Public Liability Insurance and will inform our Insurance Co. We have accepted the above named student for Work Experience. (See attached copy of my employer's liability insurance)\*\*\*\*\*

**\*\*\*\*\* PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACHED A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE\*\*\*\*\***  
**Please note that the student cannot join you without this information**

**Signed** ..... **Date** / / **Position in Company** .....