



**Year 12 Work Experience Placement Form**  
**13 – 17 July 2020**

**Pupil Name:**

**Year & Tutor Group:**

**Employer Details**

Company Name:	Contact Name:
Address:	
Contact Number:	Direct Line:
Fax:	Email:

*For Health & Safety Verification of this placement please complete the Employers Liability Insurance (ELI) and Public Liability Insurance (PLI) details below. Without ELI and PLI the placement cannot be approved. Please contact the Work Related Learning Office at the school if you have any questions.*

Insurance Company	
Policy Number	
Expiry Date	

As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Act. I give consent for my details to be shared with the student, parent and also held on a database by Hardenhuish School for the purposes of sharing with students and pupils of the school for future placements and career events.

Tick here if you do consent

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Position in Company \_\_\_\_\_

**Job Title and Duties: Please use this space to give a brief description of duties the pupil will perform on their placement and to help establish the level of Health and Safety check required.**

Working Hours:
Lunch Arrangements:
Clothing Requirements:

**Student Details**

Emergency Contact (whilst pupil is on placement):
Telephone Number (whilst pupil is on placement):

**Parent's email address:**

If your child has any specific learning or medical requirements that the employer needs to be aware of please list them below.

*As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions. I give consent for this form to be shared with the Employer.*

**Pupil Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*As parent/guardian of the student named above I agree to his/her taking part in this scheme and undertake that he/she will observe the conditions set out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form being shared with the employer.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_