



WORK EXPERIENCE SELF PLACEMENT FORM

9ID	
H&S Date	

This form should be completed by the *Employer, Student & Parent/Carer(s)* and returned to Mrs Richings.
Form to be returned by: 29th February 2024

Student name:	Form group:	Date of birth:
DATES REQUIRED FOR THIS PLACEMENT - Monday 1st July to Friday 5th July 2024		

SECTIONS 1 TO BE COMPLETED BY THE EMPLOYER

SECTION 1 - Your details			
Thank you for agreeing to take the student named above on work experience. We would be grateful if you could complete the following before signing the form below.			
Organisation			
Address			
Telephone No.			
Email Address			
Contact Name		Position	
Placement details			
Placement title			
Working days/times			
Meal break information (if applicable)			
Required dress code			
Any PPE requirements			
Brief job description			
Do you have a valid Employers Liability Insurance (ELI) Certificate? (Yes/No)			
If yes, name of insurers & policy number			
Any other information to note			
Signature of person agreeing placement			

**THIS SECTION IS TO BE COMPLETED BY THE
PARENT/CARER(S) OF THE STUDENT**

Student Name		Tutor Group	
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Name of Parent/ Carer(s)	1.	
	2.	

Contact Telephone Numbers for Parent/ Carer(s)

HOME	1.	2.
WORK	1.	2.
MOBILE	1.	2.

This section must be completed and signed by the parent/carer:

I have received the work experience guide and agreed to my child named above taking part in the work experience week.

I wish the academy to take into account of the following, on health grounds, and will ensure that employers are also informed. **Please note below any allergies, medications, medical conditions or disabilities that need to be taken into account.**

Anything else to be considered:

Please give details below of any travel or accommodation arrangements you will make for your child if the placement is outside the immediate Lowestoft area:

Student Declaration

As the student named above, I agree to take part in the work experience week. I also agree to hold in confidence any information about the employer's business that I may obtain during the week, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer, a representative or by displayed instructions.

Signature:	Date:
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Parent/Carer Declaration

As the parent/carer of the student named above I confirm that I have read and understood the contents of the guide and this form and agree to them taking part in the work experience week and understand that they will observe the conditions set up. I also agree to the information on this form being provided to the placement if necessary.

Signature:	Date:
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