



STUDENT'S OWN PLACEMENT FORM

Work Experience Week | 10th - 14th July 2023

Please complete this form in **BLOCK CAPITAL LETTERS**, using black ink.

This form must be returned to Serdane Ozcan by 5th May 2023

STUDENT DETAILS

First Name:	Second Name:	Form:
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COMPANY DETAILS

Name of Organisation:	
Address:	
Post Code:	
Contact Person:	Job Title:
Telephone:	Email:

PLACEMENT DATE 10th-14th July 2023

Main Work Activities:

INSURANCE CONFIRMATION

Students must be covered by Employer Liability Insurance

I confirm the offer of a work experience placement to the student named above and that this organisation has in force current insurance policies for Employer and Public Liability. We have/will notify our insurers accordingly about the placement(s).

Name of Insurance Company:		
Policy No:	Expiry Date:	
Signed: <small>(on behalf of Company)</small>	Position Held:	Date:

PARENT/GUARDIAN AGREEMENT TO PLACEMENT

Name:	
Signature:	Date:

Placements will be health and safety checked prior to the placement start date.