

# STUDENT'S OWN PLACEMENT FORM

Work Experience Week | 6th-10th July 2026

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

***This form must be returned to Serdane Ozcan by 14th May 2026***

## STUDENTS 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 6<sup>th</sup> -10<sup>th</sup> July 2026

Main Work Activities:
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## 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: (on behalf of Company)	Position Held:	Date:

## PARENT/GUARDIAN AGREEMENT TO PLACEMENT

Name:	
Signature:	Date:

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