

WORK EXPERIENCE PLACEMENT DETAILS

Pupil name		Tutor Group	
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We **CAN / CANNOT*** accept the above named pupil for a work experience placement from **Monday 6th July – Friday 10th July 2020** (* please delete as appropriate)

Contact name	
Position	
Company name	
Address	
Tel. no.	
E-mail	
Type of business	
Placement job title	
Brief job description	
Days of work	Mon / Tues / Wed / Thurs / Fri <i>(please circle as appropriate)</i>
Hours of work	
Meal arrangements	None
Special clothing	None
Person to report to on first day	

I confirm that my organisation holds the following **INSURANCES** and that these will be current at, or renewed by, the time of the placement:

	Name of Insurance Company	Policy Number	Expiry Date
Public Liability			
Employer Liability, which covers the work experience student			
Motor Vehicle – 'Business Use' <i>(only necessary if the pupil is to travel in vehicle)</i>			

Please also confirm that, if you have 5 or more employees, you have a Health & Safety Policy and have carried out a recent Risk Assessment and identified appropriate Control Measures.

- Health & Safety Policy
YES
- Risk Assessment/Control Measures
YES

I would like to interview any prospective pupil before taking him/her on NO

Please return this form to Miss Hinchliffe - Thank you.