

# Own Placement Form



## 1. STUDENT DETAILS

Name:

Address:  Postcode:

Home phone:  Mobile phone:

DOB:

School / College:

Group:

## 2. PLACEMENT DATES – check and change if required.

Start Date:  Finish Date:

1 Week  2 week block (If only a 1 Week placement please annotate exact dates above)

## 3. COMPANY / INSTITUTION DETAILS (address of where student will be based)

Company name:

Address:

Postcode:

Telephone number:  Mobile telephone (if avail.

## 4. PLACEMENT DETAILS (to be completed by employer)

Main contact:

Position:

Email address:

Student supervisor:

Interviewer:

Classification / type of business:   
(eg IT, Journalism, Accountancy, Retail etc.)

Position offered:   
(eg Clerical, General Assistant, Sales Assistant)

Is this placement definitely agreed?  Yes  No

## 5. EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)

We regret that only those employers with Employer's Liability Insurance are eligible for inclusion in the Work Experience Scheme

Insurer:

Policy number:  Expiry date:

## 6. AGREEMENT BY COMPANY / INSTITUTION

This placement has been agreed on behalf of the above named company / institution

Signed:

Print name:  Date:

## 7. PARENT / GUARDIAN AGREEMENT TO PLACEMENT

Signature:  Date: