



**WORK EXPERIENCE
STUDENT SELF PLACEMENT FORM**

For use by students who have organised their own Work Experience placement

Students must:

- Complete this form in full and return to school by **29th March 2021**.
- Ask employer to complete the employer’s section below and overleaf. It must include the employer’s signature confirming the offer of a placement to you.
- Advise your employer that an appointment to visit will be made by the organisation responsible for managing Work Experience in their local area unless the employer is already supporting their programme.
- Last section must be signed by student and parent / carer.

Section to be completed by student

Dates of Work Experience: From: 07/06/21 To: 11/06/21		Student’s School: Beths Grammar School	
Student’s name: Miss/Mr (please delete)			
Date of birth:			
Is your contact: (please indicate)	A relative?	A family friend?	Neither?

Section to be completed by the employer

Details of organisation offering Work Experience

Name of Organisation:
Type of Organisation/Business:
Work Placement Address:
Telephone Number:
Email Address:
Contact Name:

Is the placement definitely agreed?	Yes	No
Would you consider taking further students from EBP Kent?	Yes	No

Type of placement offered: e.g. office, sales, warehouse	
Aims and objectives of placement:	

What are the main activities of your business?	
Number of employees?	
Will the student be provided with an induction including information on Health and Safety, Fire Procedures, First Aid, Supervision and working practices?	
Do you provide the following facilities? (please delete)	<p>Toilets Yes / No</p> <p>Areas for breaks Yes / No</p> <p>Washing facilities Yes / No</p> <p>First Aid Facilities Yes / No</p>
What equipment, chemicals and substances will the Work Experience student use?	
What activities or areas of the premises are Work Experience students prohibited from?	
If company transport is to be used, does the insurance cover the Work Experience student? (please delete)	Yes / No
Will the student be issued with Protective clothing and equipment?	Yes / No
What equipment, if any, will the student need to provide (e.g. safety boots)?	

Hours of Work				
Monday	Tuesday	Wednesday	Thursday	Friday
Dress Code:				

Tasks that the young person will be carrying out (Please give a general outline of the student's duties).

After training, risk assessment, and with supervision the student will have the opportunity to learn about and undertake some or all of the following activities:

It is a requirement of employers offering Work Experience placements that they must have **Employers** Liability Insurance. Please confirm your company has this and if possible attach a copy:-

Do you have Employers Liability Insurance?	Yes / No	Copy of ELI attached	Yes / No
Policy Number:	Expiry Date:	Insurance Company:	
I am happy to confirm the offer of Work Experience to the above student			
Signed:	Name:	Date:	
For and on behalf of (Company Name)			

Section to be completed by parent / carer:

I agree that my son / daughter may be placed on Work Experience. Once placed, I understand that changes cannot be made. I give my consent for the appropriate and necessary data relating to my son / daughter to be shared with the placement provider and other relevant agencies.

Student

Signature.....Name.....Date.....

Parent/Carer

Signature.....Name.....Date.....