



WORK EXPERIENCE 2018 COMPANY DETAILS

Please complete both sides of this pro forma with details of your Work Experience Placement.

Work Experience Dates: Population 1: 24th -28th September 2018

Population 2: 1st – 5th October 2018

Student Details

Name: _____ Form Group: _____

Work Experience dates:

From.....to.....

Emergency contact whilst Student is on placement:

Name: _____ TEL No: _____

Parents email address: _____

If the Student has any specific learning or medical requirements that the employer needs to be aware of please list them below.

As the student named above I agree to take part in this work experience programme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose any such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations in place by the Employer and made known to be either by the Employer's representatives or by displayed instructions.

Student Signature: _____ Date: _____

As parent/guardian of the student named above I agree to his/her taking part in this scheme and undertake that he/she will observe the conditions set out. I understand it is my responsibility to inform the employer of any medical conditions my child has. I agree to the information on this form being shared with the employer.

Parent

Signature: _____ Date: _____



WOOD GREEN ACADEMY

A Specialist College of Sport, Maths & Computing

Wood Green Road
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West Midlands
WS10 9QU

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Website: www.woodgreenacademy.co.uk
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Headteacher: Mr J.Topham B.Sc.(Hons), M.Sc., NPQI

Company Name:	Contact Name:
Address of placement:	
Contact Number:	Direct Line: Fax:
Email:	
<i>For Health & Safety Verification of this placement please complete the Employers Liability Insurance (ELI) details below. Without ELI the placement cannot be approved. Please contact the Work Related Learning Coordinator Miss A Birch at the school office, if you have any questions.</i>	
Insurance Company	
Policy Number	
Expiry Date	
<i>As a representative of the above employer I agree to the student named above working on my premises and acknowledge my responsibilities under the Health & Safety at Work Act and Work Experience Guidelines.</i>	
Signed _____ Date _____	
Name (Printed) _____ Position in Company _____	
Job Title and Duties: Please use this space to give a brief description of duties the student will perform on their placement.	
Working Hours:	
Lunch Arrangements:	
Clothing Requirements:	



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