**WORK EXPERIENCE 2025 COMPANY DETAILS**

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

**Work Experience Dates: Population 1: Monday 16th to Friday 20th June 2025**

**Population 2: Monday 23rd to Friday 27th June 2025**

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| **Student Details** |
| **Full Name: Form Group:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Work Experience dates: please circle**  **Population 1: Monday 16th to Friday 20th June 2025**  **Population 2: Monday 23rd to Friday 27th June 2025**  **Emergency contact whilst Student is on placement:**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parents email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **MEDICAL or SEND details:** 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Company Name:** | | **Contact Full Name: Mr/ Mrs/ Ms** |
| **Address of placement:** | | |
| **Contact Number: \*please give a direct line to the Mentor/supervisor** | | |
| **Email:** | | |
| *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.* | | |
| **Insurance Company** |  | |
| **Policy Number** |  | |
| **Expiry Date** |  | |
| *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.*  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: (pupils cannot work before 7am or after 7pm) \* please list days to be worked plus hours** | | |
| **Lunch Arrangements: packed lunch / canteen facilities / off site** | | |
| **Clothing Requirements: (does the pupil need any PPE) \* please be specific (smart office wear / casual / no jeans/ no trainers)** | | |