



WORK EXPERIENCE 2026 COMPANY DETAILS

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

Work Experience Dates: Population 1: Monday 20th to Friday 24th April 2026

Population 2: Monday 27th April to Friday 1st May 2026

Student Details

Full Name:

Form Group:

Work Experience dates: please circle

Population 1: Monday 20th to Friday 24th April 2026

Population 2: Monday 27th April to Friday 1st May 2026

Emergency contact whilst Student is on placement:

Name: _____ TEL No: _____

Parents email address: _____

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:** _____



Company Name:		Contact Full Name: Mr/ Mrs/ Ms	
Address of placement:			
Contact Number: *please give a direct line to the Mentor/supervisor			
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: (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)			