

# SHOEBURYNNESS HIGH SCHOOL

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## WORK EXPERIENCE SELF PLACEMENT FORM

15—26 July 2019

### SECTION 1: To be completed by Student

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SECTION 2: To be completed by the employer

Name of Organisation: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Position: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Main business of employer: \_\_\_\_\_ Work Experience Job Title: \_\_\_\_\_

Brief Summary of Work Experience Activities: \_\_\_\_\_

Placement hours: \_\_\_\_\_ Days: \_\_\_\_\_ Hours per day: \_\_\_\_\_

Address of placement (if different to above): \_\_\_\_\_

#### EMPLOYERS LIABILITY INSURANCE DETAILS

*INSURANCE—Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret that we are unable to take up offers of Work Experience from organisations without such cover.*

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Cover Amount: £ \_\_\_\_\_

To be completed by the EMPLOYER/ORGANISATION providing work experience. Please read carefully before signing

- Employers offering a work experience placement are required to be visited by a member of staff to assess the suitability of the placement. The visit will cover insurances, health and safety, placement content and working practices in accordance with the Health and Safety Procurement Standards outlined by the Department for Education

- I confirm that I am happy to undergo a placement assessment visit: Yes  No

Please confirm your offer of a Work Experience placement (a Manager or Supervisor should sign below):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Please print)

### SECTION 3: To be completed by Parent/Guardian

- I confirm that I have agreed to my son/daughter participating in this placement and will be responsible for his/her actions whilst on placement
- I have satisfied myself that the placement is a safe environment for my son/daughter to undertake work experience.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to Mrs Wood Work Related Learning Admin or the school Reception