



Year 12 Student Self Placement Form

Please complete this form with the correct and appropriate information and **return to Mrs Barber ASAP.**

Student's Full Name:		Registration Group:	
Work Placement dates:			

Employer or Placement Details:

Full Company Name:	
Company Address:	
Contact Name:	
Contact Job Title:	
Contact Telephone:	
Contact E-mail:	
Placement Job Title:	
Days/hours of work:	Mon Tues Wed Thurs Fri Start time: Lunch: to Finish:

Employers Liability Insurance: (NB: It is not possible to place students without this cover)

I confirm that I have Employer's Liability Insurance: **Yes** [] **No** [] (Please tick appropriate option)

I can confirm that I am able to offer the named student above a Work Placement at our company for the above dates. **Please attach a copy of ELI where possible.**

<u>Employer Signature:</u>	
<u>Parent/Carer Signature:</u>	

Please return this form to Mrs Barber in the Careers Office

Post H&S Computer

For school use only