

To Be Completed by Student

Name: _____ Date of Birth: _____ Form: _____

Address: _____

Phone No: _____ Name of School: **Weatherhead High School**

Dates of Placement: **22nd – 26th June 2020**

Name of Employer: _____

Name of person contacted: _____ Position held: _____

Is this person *A Family Friend?* *A Relative?* *Parents' Employer?* *Neither?*
(please circle)

Type of placement and description of duties: _____

Student Declaration

I agree to take part in this work experience programme. I also understand that I will be briefed about what employers expect during the work experience, and that I will have the opportunity to raise any concerns or questions I may have prior to undertaking the work experience. I agree to sign a formal agreement, where applicable, regarding Health and Safety and codes of conduct before I can participate in work experience.

Signed: *Student to sign here* _____ Date _____

To Be Completed by Employer

Company Providing Placement

Company Name: _____

Address : _____

Postcode: _____ Phone: _____

On behalf of the above organisation, I agree to offer a work experience placement for the time stated above.

Name _____ Position held: _____

Signed _____

Additional Information

	Y	N
We will consider being added to the Weatherhead High School database		
We hold current Employers and Public Liability Insurance (where applicable)		

Insurance Company Name: _____

Insurance Liability Certificate No: _____

Insurance Renewal Date: _____

(Please attach a copy of Insurance Certificate where possible).