



Beaumont School Work Experience Private/Own Placement Request 2017



PLEASE COMPLETE IN BLOCK CAPITALS AND PLEASE RETURN TO THE STUDENT/SCHOOL

STUDENT INFORMATION	
STUDENT NAME:	TUTOR GROUP: YEAR GROUP:..... AGE:
SCHOOL:	WORK EXPERIENCE DATES:
COMPANY NAME	
PLACEMENT ADDRESS:	
TOWN:	
POSTCODE:	
TELEPHONE:	
WEBSITE:	COMPANY EMAIL:
WORK EXPERIENCE JOB TITLE:	
BRIEF JOB DETAILS:	
CONTACT NAME AGREEING TO PLACEMENT:	PERSON TO CONTACT IF DIFFERENT:
POSITION:	POSITION:
MOBILE NUMBER:	MOBILE NUMBER:
EMAIL:	EMAIL:
SUPERVISOR:	POSITION:
TELEPHONE NUMBER:	EMAIL:
WORKING HOURS:	CLOTHING ARRANGEMENTS:
MEAL ARRANGEMENTS	TRAVEL ARRANGEMENTS
PRE-PLACEMENT INTERVIEW REQUIRED? YES / NO	INTERVIEW NOTES (e.g. what to take etc.)
FOR AN EXTENDED WORK EXPERIENCE PLACEMENT:	
Does the person responsible for the student agree to complete a DBS check if required by the school? YES / NO	
Employers offering Work Experience must agree to undergo a Health & Safety check carried out, on behalf of the school, by Hertfordshire County Council Youth Connexions or an alternative approved agency. The assessment will cover Health & Safety in the workplace, insurance and work content, in accordance with Department of Education & Skills requirements.	
INSURANCE—Employers Liability insurance and Public liability insurance cover are legal requirements for Work Experience.	
EMPLOYERS LIABILITY INSURANCE:	
Insurance Provider: Policy Number: Expiry Date:/...../.....	
PUBLIC LIABILITY INSURANCE:	
Insurance Provider: Policy Number: Expiry Date:/...../.....	
CONFIRMATION OF A WORK EXPERIENCE PLACEMENT OFFER FOR THE ABOVE DATES:	
(This section must be completed/authorised by a company manager or supervisor)	
AUTHORISED BY:	CONTACT'S POSITION:
PRINT NAME:	DATE: