

Work Experience Placement Form



Please complete as many details on this form as possible and hand in to reception by 31st January 2022

Student Name:

Tutor Group:

Placement Company Name:

Placement Company Address:

Placement Tel No:

Placement Email Address:

Placement Contact Name:

Placement Job Title:

Placement Start Date:

Placement End Date:

Company ELI Details (if known)
(All Employers must have Employers Liability Insurance in place to take a student on Work Experience)

Insurance Company:
Policy No:
Expiry Date:

Any further information / comments (e.g. Closed on Mondays, student's parent is an employee etc.)

Please note agreement must be reached with the employer before submitting this form.