

	Brine Leas School , Audlem Road, Nantwich, Cheshire, CW5 7DY.	
	Tel: 01270 621612	Email: admin@bl6.org.uk
Work Experience Self-Placement Form		
Name of Student:		Progress Group:
Company Details		
Name of Business/Organisation:		
Address:		
Postcode:	Telephone:	
Contact Name:		
Email:		
Brief description of the business/orgainsation and how this placement is revelant to your studies and/or future career path:		
Job Description		
Role / Tasks to be completed:		
Would you consider any of the tasks the student will be taking part in are high risk? (Please provide details for risk assessment):		
Placement Dates	From: Monday 22nd October 2018	To: Wednesday 24th October 2018
Hours of Work	From:	To:
Lunch Time	From:	To:
Any specific clothing requirements:		
Employer to complete		
<i>I confirm that we can provide a work experience placement for the named student. We will carry out a Health & Safety Induction and will have Employers Liability Insurance in place for the dates agreed.</i>		
Name:		Position:
Signature:		Date:
Provider of Employer's Liability Insurance:		
Certificate Number:		Expiry Date:
Parent / Guardian to complete		
<i>I agree for my son/daughter to take part in work experience. I understand that I will need to complete a medical disclosure form to highlight any health or well being issues that could affect my son/daugther whilst on their work experience placement.</i>		
Name:		Signature:
		Date:
Student Declaration		
<i>I agree to take part in work experience and observe all Health & Safety regulations in accordance with the placement's policies. I will follow instruction and work to the best of my ability at all times.</i>		
Name:		Signature:
		Date:

INCOMPLETE FORMS WILL NOT BE ACCEPTED