

			Brine Leas School , Audlem Road, Nantwich, Cheshire, CW5 7DY.		
Tel: 01270 625663		Email: work.experience@brineleas.co.uk			
Work Experience Self-Placement Form					
Name of Student:				Progress Group:	
Company Details					
Name of Business/Organisation:					
Brief description of the business/orgainsation:					
Address:					
Postcode:			Telephone:		
Contact Name:					
Email: <i>(IMPORTANT - all communication regarding the placement will be sent electronically)</i>					
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: Friday 26th October 2018	
Hours of Work		From:		To:	
Lunch Time		From:		To:	
Any specific clothing requirements:					
Arrangements for lunch: (please delete) Packed Lunch / Canteen / Local Shop					
Employer					
<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					
<i>I agree for my child 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 child whilst on their work experience placement. Please sign below to confirm that you are satisfied that the placement detailed above will provide your child with a suitable learning environment.</i>					
Name:		Signature:		Date:	
My child can leave the premises at lunchtime: YES / NO			I consent to my child having photographs taken: YES / NO		
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