

# Personal Placement Form

Start Date: .....

End Date: .....

## STUDENT INFORMATION

Name of Student: .....

Tutor Group: .....

Address: .....

Date of Birth: .....

.....

Telephone: .....

Postcode: .....

Gender:  MALE  FEMALE

## PLACEMENT PROVIDER INFORMATION

Employer Name: .....

Type of Company: .....

Contact Name: .....

Contact Position: .....

Placement Address: .....

Telephone: .....

.....

Mobile Telephone: .....

Postcode: .....

E-mail: .....

Signature: .....

Date: .....

**IT IS A REQUIREMENT OF WORK EXPERIENCE THAT COMPANIES HOLD BOTH PUBLIC AND EMPLOYERS' LIABILITY INSURANCE POLICIES. DO YOU HAVE THESE POLICIES?**

Employers Liability Insurance: YES  NO

Public Liability Insurance: YES  NO

Policy Number: .....

Policy Number: .....

Insurer: .....

Insurer: .....

Expiry Date: .....

Expiry Date: .....

## PLACEMENT DESCRIPTION

Job Title: .....

Description of placement (work to be undertaken): .....

.....

Location/Travel: .....

Report to: .....

At (time): .....

Hours: .....

Meals: .....

Dress code/PPE: .....

## PARENT/CARER AGREEMENT

**I CONFIRM THAT THE PERSON WITH PARENTAL RESPONSIBILITY HAS AGREED TO THE ABOVE STUDENT UNDERTAKING WORK EXPERIENCE AT THE ABOVE PLACEMENT**

Parent/Carer Signature: ..... Relationship to Student: ..... Date of Consent: .....

## SCHOOL AGREEMENT

**I AGREE TO THIS PLACEMENT, SUBJECT TO A SATISFACTORY HEALTH AND SAFETY ASSESSMENT**

School: .....

Co-ordinator: .....

Signature: .....

Date: .....