



**LYNN GROVE ACADEMY**

**WORK EXPERIENCE STUDENT SELF PLACEMENT FORM  
MONDAY 2 JULY TO FRIDAY 6 JULY 2018**

<b>STUDENT NAME:</b>		<b>Male</b>	<b>Female</b>	<b>Form</b>
<b>Date of Birth:</b>		<b>Home Tel No:</b>		

**HEALTH DECLARATION**

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma):

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**TO THE STUDENT:**

As the student named above I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employers representatives or by displayed instructions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE PARENT/GUARDIAN:**

As the parent/guardian of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please give this form to the employer to complete details overleaf)

**TO BE COMPLETED BY THE EMPLOYER**

Thank you for agreeing to take the student named overleaf on Work Experience. We would be grateful if you could complete the following before signing the form below.

<b>EMPLOYERS COMPANY NAME</b>	
<b>Contact Name at the Company</b>	
<b>Placement Address</b>	
<b>Postcode</b>	
<b>Email Address</b>	
<b>Telephone</b>	
<b>Mobile number</b>	
<b>Placement Title</b>	
<b>Duties to be carried out by student:</b>	
<b>Working Days/Times</b>	
<b>Meal Breaks</b>	
<b>Appropriate Clothing</b>	

**Employers Liability Insurance Details**

**Insurance company:**

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**Policy No:** ..... **Expiry Date:**

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**PLEASE NOTE**

- **WITHOUT EMPLOYERS LIABILITY WE CANNOT AUTHORISE THE PLACEMENT. PUBLIC LIABILITY ALONE WILL NOT SUFFICE**
- **NOTIFY YOUR INSURANCE COMPANY BEFORE AGREEING TO A PLACEMENT TO AVOID CANCELLATION OF THE PLACEMENT AT A**

**LATER DATE AND INCONVENIENCE FOR EVERYONE INVOLVED.**  
Information can be found on [www.hse.gov.uk](http://www.hse.gov.uk)

- **MAKE A NOTE OF THE DATES ON WHICH THE STUDENT IS DUE TO UNDERTAKE WORK EXPERIENCE**

*Please return a signed copy of this form to the student, this confirms you are agreeing to provide a placement to the named student and may be contacted with regard to a health and safety check.*

STUDENT - Once the employer has completed the form please return to Mrs Tubby at Lynn Grove (via School Reception)

**PLACEMENT AUTHORISED BY:**

**Contact**

**Name**.....**Position**.....

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**Signature**.....

**Date**.....