

### Work Experience Self Placement Form

#### To Be Completed by Student

Name: \_\_\_\_\_ Form: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Dates of Placement: **25<sup>th</sup>- 29<sup>th</sup> March 2019**

Name of Employing Company \_\_\_\_\_

Name of person contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Is this person *A Family Friend? A Relative? Parents' Employer? Neither?*  
(please circle)

Type of placement and description of duties \_\_\_\_\_

#### To Be Completed by Employer

Company Name and type of business: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax/ email: \_\_\_\_\_

On behalf of the above organisation, I agree to offer a work experience placement

Name \_\_\_\_\_ Job title: \_\_\_\_\_

Signed \_\_\_\_\_

**Y N**

We already offer work placements and are on an employer database		
We will consider being added to the employer database		
We hold current Employers and Public Liability Insurance (where applicable)		