

WORK EXPERIENCE - SELF PLACEMENT FORM

*****Student/parent - School will not accept this form without a copy of the relevant insurance(s) THE DEADLINE FOR SUBMISSION TO SCHOOL IS (15/12/17) *******

Employer Name & Placement Address

.....

Student Name & Address

.....

Postcode.....

Name of Contact

.....

Employer Telephone No.

.....

School/College

Dates of Work Experience

Employers Email Address.....

Mobile No.....

Work Experience Job Title

Brief Description of Duties

I confirm that:

- We will take all possible care of the student's health and safety, recognising his/her inexperience, immaturity and lack of awareness of risks.
- We will ensure that the student performs meaningful work as previously agreed in the job description.
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation.
- We will inform the school or EBP(NW) Ltd immediately, should we for any reason have to send the student home.
- We understand that if we have not had a placement visit in the last 6 months by a representative of the EBP (NW)Ltd a visit may be necessary prior to the student taking up the placement
- We have Employers & Public Liability Insurance and will inform our Insurance Co. We have accepted the above named student for Work Experience. (See attached copy of my employer's liability insurance)*****

******* PLEASE ATTACH A COPY OF YOUR EMPLOYER'S LIABILITY INSURANCE CERTIFICATE TO THIS FORM – SHOULD THE STUDENT BE TRAVELLING IN A MOTOR VEHICLE PLEASE CAN YOU ALSO ATTACHED A COPY OF THE RELEVANT MOTOR VEHICLE INSURANCE CERTIFICATE***** Please note that the student cannot join you without this information**

Signed Date / / Position in company