

Own Placement Form 2024



School Name: George Mitchell School

School Deadline: Friday November 15th 2023

STUDENT DETAILS

Name: Postcode:
DOB:

PLACEMENTS DATES

Start Date: Monday 18th March...End date: Friday 22nd March 2024

☒ 1 Week ☐

COMPANY/INSTITUTION DETAILS (Address where student will be based)

Company Name:
Address:
Postcode:
Telephone number: Mobile number:

PLACEMENT DETAILS (to be completed by employer)

Main contact: Title Firstname Lastname
Position:
Email address:
Student supervisor: Title Firstname Lastname
Interviewer: Title Firstname Lastname

Type of business/ Industry:

Department and job role offered to work experience student:
(e.g. Finance/ account assistant, Administration/General Assistant, Sales Assistant)

.....

Could we contact you regarding taking any future placements? Yes ☐ No ☐

EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)

We regret that only those employers with Employer's Liability Insurance are eligible for inclusion in the BEP Group Work Experience Scheme.

Insurer:

Policy number: Expiry date:

AGREEMENT BY COMPANY/INSTITUTION

This placement has been agreed on behalf of the above named company / institution

Signed:

Print name: Date:

PARENT/GUARDIAN AGREEMENT TO PLACEMENT

Signature: Date:

