

Own Placement Form



School Name: George Mitchell School

School Deadline: Friday 13th December 2024

STUDENT DETAILS

Name: Postcode:
DOB:

PLACEMENTS DATES (Check and change if required)

Start Date: Monday ...24th.....End date:.....Friday 28th March..... 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: