



WORK EXPERIENCE SELF PLACEMENT FORM

Dear Student,

This form is to be used only if you have found your **own placement**. Please make sure all sections are completed and that you have **all three signatures** before handing the form to your teacher.

SCHOOL DETAILS

School _____	Placement Dates: From _____
Tel No _____	To _____

STUDENT DETAILS

Mr/Miss _____	First Name _____	Surname _____
Date of birth _____	Age at Placement _____	Form/Tutor Group _____
Home Address _____	Post Code _____	
Contact No _____	E-mail* _____	
*This may be used to send you details about careers and other info you may find useful as well as details about your placement. Please tick if you do not want to be contacted <input type="checkbox"/>		
Please give details of any medical or other conditions which could affect your work placement ie Hayfever, Asthma, Eczema, Epilepsy, Allergies, Colour Blindness, Dyslexia _____		

Dear Employer,

This form has been given to you following your agreement to a work placement. Please complete the Company details and Job description sections of the form and then sign the Employer section on the reverse confirming that you carry **Employer's Liability Insurance**. This form should then be returned to the student for delivery to school. Please ensure that you put details of this placement in your diary as the next contact you have may well be from the student just prior to the placement starting. Thank you for supporting the work experience programme.

COMPANY DETAILS (address of placement)

Organisation Name _____	Dates Confirmed: From _____
Business Description _____	To _____
Address _____	Post Code _____
Contact Name _____	Title _____
Position _____	No of employees _____
Tel No _____	Mobile No _____
E-mail address _____	
(please complete overleaf)	

JOB DESCRIPTION

(Please give as much information as possible)

Placement Title _____

Placement Tasks _____

Working Days From _____ To _____

Working Hours From _____ To _____

Lunch Times From _____ To _____

Lunch arrangements Staff Canteen / Local Cafe / Bring Packed Lunch / Provided

Dress / PPE (Personal Protective Equipment) Requirements _____ Provided Yes / No

Have you provided work experience placements in the past Yes / No

Would you consider offering placements in the future Yes / No

SIGNATURES

STUDENT

As the **student** named overleaf I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during this work period. I also agree to observe all safety and security regulations in accordance with Company policy.

Name _____ Signed _____ Date _____

PARENT

As the **parent/carer** of the student named I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which the student may undertake their work experience.

Name _____ Signed _____ Date _____

For more information, please visit our website www.mplysolutions.co.uk

EMPLOYER

As a representative of the above **Employer** I confirm that the student has a placement with the company on the dates specified, that as a company we have **Employer's Liability Insurance** and I have checked that this extends to students on work experience - this is a minimum requirement and the placement cannot go ahead if not in place (if possible, please supply a copy). I also understand that, where necessary, MPloy Solutions Ltd may need to visit to discuss health and safety arrangements for the placement.

Name of Insurer _____ Policy No _____ Exp Date _____

Name _____ Position _____

Signed _____ Date _____

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