

Work experience placement form:

Start date _____ End date _____

Student Information:

Student name: _____

Address including post code: _____

Phone number: _____

Date of Birth: _____

Placement provider info:

Employer name: _____

Contact name: _____

Position: _____

Address including postcode: _____

Type of company: _____

Phone number: _____

Email: _____

Location to placement if different from above:

It is a requirement of work experience that companies have completed a signed copy of the TWEBLO agreement and that companies hold both employers & public Liability Insurance policies.

Do the company have these Policies ?

	Yes	No		Yes	No
Employers Liability			Public Liability		

Placement description:

Job Title: _____ Is the placement outside of Tyne & Wear

Y	N
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Description of placement: _____

Report to: _____ At (time): _____

Hours to be worked: _____ Meals & Breaks: _____

Dress Code /PPE: _____ Hour must be worked between 8am & 5.30 Pm Monday to Friday

Employer Signature: _____

School agreement

I agree this placement is subject to a satisfactory Health & Safety Assessment

School: _____ Co-ordinator: _____

Signature: _____ Date: _____