

STUDENT WORK EXPERIENCE FORM 8TH – 20TH JUNE 2020

Student Details

Dates of Work Experience:	
Name of Student:	
Date of Birth:	Form Group:

Employer Details (To be completed by company/organisation)

Name of Company/Organisation:	
Type of Company eg: Engineering/Architects	
Position Offered:	
Name of Person to be contacted:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Postcode:
Email:	
Please give details of your Employer Liability Insurance below:	
Name of Insurer:	
Policy Number:	Expiry Date:
Does your company have a health & safety policy: Yes/No	
If more than 5 employees, does your company have a written risk assessment? Yes/No	
We recommend you notify your insurers that a work experience student will be on the premises.	

If you have any questions, please contact: Mrs Jenna Witting

Work Experience Administrator, Copleston High School

jwitting@copleston.suffolk.sch.uk , 01473 277240 ext: 715

Job Description: (To be completed by company/organisation)

Breakdown of key tasks to be performed by student: 1. 2. 3. 4. 5.

Job Requirements: (To be completed by company/organisation)

Dress Code/any safety or personal protective equipment required:
Working Days and Times: (eg Mon-Fri 9-5pm)
Lunch Arrangements: (eg 1 hour - 12-1pm– Lunch provided/bring packed lunch)
Interview Required: Yes / No
Any Specific Skills Required:
Can you offer any additional placements? Yes / No How many?

Orientation Afternoon: Our students are released on Tuesday 2nd June pm to meet with their employer

Would you like to interview the student/s on our Orientation afternoon Tuesday 2nd June 2020? Yes / No
Please state an alternative date if required:

Employer: We will provide a placement for the named student

For and on behalf of: (company / organisation)	
Signed:	Name: (please print in capitals)
Date:	Tel No:

Parent/Carer:

As parent/carer of the named student I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person. I confirm that my child will be able to travel to his/her work placement.	
Signed:	Date: