



Phase 2 WORK EXPERIENCE PLACEMENT FORM POST 16

Please complete this form and return to **Mrs J Mitchell in C10 by 1pm Monday 22nd January 2018**. The student is expected to complete the black section and liaise with the placement to complete the blue section. This information can also be sent directly to jo.mitchell@ilkleygs.co.uk

Student Name:		
Tutor Group:	Student Date of Birth:	
Intended future pathway:	Placement Company Name:	
Placement - type of company/nature of business:	Placement address:	
Contact Name:		
Contact email:	Contact telephone:	
Parental signature:	Date:	
Parental name:		

PLACEMENT DETAILS

Does the company have five or more employees?	If <u>YES</u> , do you have written risk assessments in place specifically pertaining to the needs of a young person in the work place?	
If <u>NO</u> , a written risk assessment is not required but due consideration should be made with regards to a young person in the workplace. (Have you considered this? Yes <input type="checkbox"/> ✓)	Employers Liability Insurance: Please email a copy of the certificate to jo.mitchell@ilkleygs.co.uk	
Employers' Liability Insurance Company name:	Employers' Liability Insurance Policy No:	
Employers' Liability Insurance expiry date:		

Jo Mitchell – Work Experience Co-ordinator

jo.mitchell@ilkleygs.co.uk

01943 608424 ext 238

EMERGENCY OUT OF HOURS CONTACT NUMBER 07837 118786

