

IGS Year 10 WORK EXPERIENCE PLACEMENT W/C 17/07/17

Please complete this form as far as you are able and return to **Mrs J Mitchell in C10 as soon as possible or by FINAL DEADLINE Friday 10/02/2017**. The student/parent is expected to complete the black/green section but the placement will need to complete the blue section.

Student Name:		
Tutor Group:	Student Date of Birth:	
Intended future pathway:		
Placement name:	Placement address:	
Contact Name:	Contact telephone:	
Contact email:	In what capacity do you know the person providing the placement?	
Have you considered travel arrangements to and from the placement?		
Please be aware the employer is under no obligation to supervise the student during lunchtime. The student will need to make his/her own arrangements within company policy.		
Parental Signature:	Date:	
Please sign here to confirm your consent with the arrangements.		

PLACEMENT DETAILS

Does the company have five or more employees?	If YES , do you have written risk assessments in place specifically pertaining to the needs of a young person in the work place?	
If NO , 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"/> <input checked="" type="checkbox"/>)	Employers Liability Insurance: Please email a copy of the certificate to jo.mitchell@ilkleygs.co.uk OR complete the following details.	
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

