



Norbury Manor  
Business & Enterprise  
College *for* Girls

## Work Experience Placement Form

**Dates of Work Experience: TBC**

### Student Details

**Name:**

**Form:**

**Form tutor:**

**Head of year:**

Dear Student,

**BEFORE** you return it to school, please make sure:

- All sections are completed fully
- The form has been signed by yourself
- The form has been signed by your parent or carer
- The form has been signed by the company or organisation

Dear Employer,

Thank you offering your time to support our work experience programme.

If you are willing to accept the named student on a work experience placement then please complete your company details below.

We are unable to place any student in a company that does not have current employer's liability insurance so we require that this information is also added to the form before you return it to the student.

**Company Details (Please complete in BLOCK capitals)**

Organisation Name: \_\_\_\_\_

Business Description: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Description of Tasks: \_\_\_\_\_

\_\_\_\_\_

Working Hours: \_\_\_\_\_

Lunch Times: \_\_\_\_\_

Dress Code: \_\_\_\_\_

Specific Skills Required: \_\_\_\_\_

- **Employers Liability Insurance Details**

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Please read the following before signing the form below.

I confirm that:

- We will take all possible care of the students health & safety, recognising her age and lack of awareness of risks
- We will ensure that the student performs meaningful work as previously agreed in the job description
- We will not discriminate on the grounds of gender, race, disability, religion, age or sexual orientation
- We will inform the college immediately should we for any reason have to send the student home
- We understand if we have not had a placement visit in the last three years by a representative of Norbury Manor Business & Enterprise College for Girls, that a visit will be necessary

**Placement Authorised By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be completed by the Parent/Carer**

- As parent/carer of the named student, I confirm that I am happy with the work experience placement listed above
- I am satisfied that it is a suitable environment for my daughter to undertake her work experience
- I understand she must attend punctually every day, however, if my daughter is unwell I will notify both school and the placement each day she cannot attend
- I wish to make the employer aware of the following medical conditions that my child suffers from:

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Student**

- As the student named above I confirm that I agree to take part in this work experience programme.
- I agree to hold in confidence any information that I may obtain during my placement
- I agree to observe all health, safety & security regulations as advised by my employer
- I confirm I will act in an appropriate and mature manner at all times
- I will attend every day and arrive on time at the start of my day and return promptly after lunch and or break times
- I understand if I do not adhere to the guidelines as set out by my employer that my placement could be terminated and I will be returned to school for the remainder of the work experience fortnight

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- Deadline for forms to be returned - **TBC**
- All forms to be given to Ms Park, Work Experience Co-ordinator
- Any issues please come and speak to Ms Park in the careers room near front of school
- Contact details: 020 8679 0062 ext 336 or [apark10.306@lgflmail.org](mailto:apark10.306@lgflmail.org)