

Acle Academy's WORK EXPERIENCE PROGRAMME

Placement Form

10th June – 14th June 2024 (5 days)



PUPIL NAME:	FORM
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To the Employer: Thank you for offering the above student a work experience placement. Please complete this form fully. We will then contact you for further information about your business in order for us to approve the placement.

BUSINESS NAME	
Contact name	Mr/Mrs/Miss/Ms
Your Role/ Job Title	
Business address	Post Code:
Email Address	
Telephone/Mobile	
Job Title for student	
Duties to be carried out by student:	
Working Days/Times	
Meal Breaks	
Appropriate Clothing	
Any other requirements	

Employers Liability Insurance Details	
Insurance Company	
Policy Number	
Expiry Date	

WITHOUT EMPLOYERS LIABILITY INSURANCE WE CANNOT APPROVE THE PLACEMENT. PUBLIC LIABILITY INSURANCE WILL NOT SUFFICE.

Data Protection	Yes	No
I agree that some or all of the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act and the School's Data Protection Policy.		
I agree that my contact details can be kept securely by Acle Academy so that we may contact you for future work experience, and other careers-related opportunities. This information will not be passed to any 3 rd parties.		

Placement authorised by (this must be a Manager)			
Contact Name		Position	
Signature		Date	

Please return this form to the student to whom you have offered a placement. Thank you for your support

For any queries regarding your offer of a placement, please contact: Camilla Skarin, Careers Lead, Acle Academy, South Walsham road, Acle, Norfolk, NR13 3ER, Tel 01492 750431, cskar@acle.norfolk.sch.uk