

Student self-placement form for work experience



Student name:		Male	Female
Year group:	School/academy/college:		
Form:			
Dates of work experience			
From: 27TH JUNE 2022		To: 1ST JULY 2022	
Date of birth:		Home tel no:	

Health declaration

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please indicate below any medical condition the student is suffering from which the employer should be made aware of (eg: asthma). Please ensure you make a full disclosure of all existing medical conditions so that the employer can then take this into account when allocating the duties to be carried out on placement:

To the student:

As the student named above I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employers representatives or by displayed instructions.

Student Signature: _____ Date: _____

To the parent/guardian:

As the parent/guardian of the student named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

Parent/Guardian Name: _____

Signature: _____ Date: _____

(Please give this form to the employer to complete details overleaf)

To be completed by the employer

Please ensure you attach a copy of your Employers Liability Insurance to this form when you return it to the student. If you do not/cannot provide a copy then we cannot authorise the placement.



- Without employers liability we cannot authorise the placement. Public Liability Insurance alone will not suffice
- Notify your insurance company before agreeing to a placement to avoid cancellation of the placement at a later date and inconvenience for everyone involved. Information can be found on www.hse.gov.uk

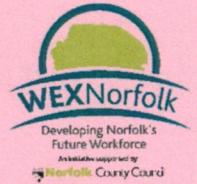
Employer name	
Contact name	From 21st June 2022 to 1st July 2022
If you are related to the student please state your relationship:	
Employers Liability Insurance Details	
Insurance company	
Policy no	
Expiry date	
Placement address	
Postcode	
Email address	
Telephone/Fax	
Mobile	
Placement title	
Duties to be carried out by student:	
Working days/times	
Meal breaks	
Appropriate clothing	

Make a note of the dates on which the student is due to undertake work experience.

Please return a signed copy of this form to the student, this confirms you are agreeing to provide a placement to the named student. You will be contacted by the WEX Norfolk team from Norfolk County Council, Children's Services, on behalf of the school to conduct a health and safety assessment.

Student - Once the employer has completed the form please return to the placement organiser ASAP at the school/academy/college.

To be completed by the school/academy/college



Placement authorised by:

Contact Name MR B. TAWANA

Position ASSISTANT PRINCIPAL

Signature _____

Date _____



All reasonable efforts have been made to ensure that the information in this publication was correct at time of going to press (June 2018)

Student self-placement form for work experience is produced by the Participation and Transition Strategy Team, Norfolk County Council, County Hall, Martineau Lane, NR1 2DH • Tel: 0344 800 8022

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