

Work Experience Own Placement Form

Students finding their own Work Experience placement should complete this form. (It should not be the same as any Saturday/weekend job.) The student and the company/organisation must complete and return the form to Mr Crowther-Green at Isaac Newton Academy.

SECTION 1: To be completed by the student

Surname:	Placement Period: From:
First Name:	To:
School/College: Isaac Newton Academy	Age: Tutor Group:
	Gender:

Could you please ensure you inform your work placement provider of any special considerations that could affect the type of placement or area you choose e.g. personal/ health /disability issues.

SECTION2: To be completed by the Company/Organisation

Name of Company/Organisation:.....
Position offered to student:.....
Name of Person contacted:.....
Address of Company:.....
Post Code:..... Tel.No:.....
Email:..... Website:.....
Companies/organisations without Employers' Liability Insurance cover are deemed as unsuitable for Work Experience placements. Please give details of your Employers' Liability Insurance below: Insurance Company:
Expiry Date:..... Is this company a Sole Trader? Yes/No
Is the student required to be interviewed? Yes/No If yes, please give details:.....
Job Tasks being undertaken:
Working days and hours:

Please confirm that your business organisation has agreed to provide a work placement for this student by signing below.

Name(Capitals):.....Position:.....

Signed:..... Date:.....