



**BIDDULPH  
HIGH  
SCHOOL**

**WORK EXPERIENCE 9<sup>th</sup> – 13<sup>th</sup> December 2019  
COMPANY INFORMATION**

Please complete and return to the school. These details will be passed on to the student.  
Thank you for your help and support.

**Name of student(s) you have agreed to take:**

**COMPANY DETAILS**

**Name of Company:**

**Address of Company:**

**Post Code:**

**Telephone Number:**

**Email:**

**Name of person in company responsible for safeguarding student while on placement:**

**JOB DESCRIPTION**

**Job placement/title:**

**Job role/responsibilities/tasks:**

**Placement Dates:**

From

To

**Placement Days:**

From

To

**Working Hours:**

From

To

**Lunchtime:**

From

To

**PLEASE TURN OVER**

**Additional Information (Clothing requirements etc.):**

**INSURANCE DETAILS**

**Employers' Liability Insurance**

**Name of Insurer:**

**Certificate Number:**

**Expiry Date:**

**\* I confirm that we hold Employers' Liability Insurance that extends to students on work experience**

**Or**

**\*N/A as I am a Sole Trader or this is a family business (with under 5 employees) and the student is a family member**

***\*Please delete as necessary***

**Name:**

**Position:**

**Signed:**

**Date:**

**This form should be completed and returned to:**

Work Experience, Miss K Goodwin  
Biddulph High School, Conway Road, Knypersley, Stoke on Trent, Staffordshire, ST8 7AR  
Telephone: 01782 523977 Fax: 01782 521820  
Email: [GoodwinK@biddulphhigh.co.uk](mailto:GoodwinK@biddulphhigh.co.uk)