



**BIDDULPH
HIGH
SCHOOL**

**WORK EXPERIENCE 7 – 11 December 2020
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
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