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| BHS trans Sep 2013 | **WORK EXPERIENCE** **COMPANY INFORMATION****5th – 14th December 2022** |
| **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/Covid-19 safety procedures: i.e. compulsory mask wearing** |
| **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 GoodwinBiddulph High School, Conway Road, Knypersley, Stoke-on-Trent, ST8 7ARTelephone: 01782 523977 Fax: 01782 521820Email: GoodwinK@biddulphhigh.co.uk |