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