



WORK EXPERIENCE

Malbank School And Sixth Form College

Placement Form

Student Details

Name:

Address:

Date of Birth:

Telephone Number:

Mobile:

Email:

Emergency Contact:

Placement date:

Week Beg—13th July
2020

Duration: 1 week

School Details:

Mabank School and
Sixth Form college
Welsh Row, Nantwich,
CW5 5HD
01270611009

Health and Well-being

Do Any Of These Affect You?

PSM:

Colour Blindness		Eczema/Dermatitis	
Epilepsy		Claustrophobia	
Impaired Hearing		Mental Health Problems	
Dizziness		Back Problems	
Fainting or Blackouts		Skin Problems	
Asthma		Physical Disabilities	
Inflammatory Joint Condition		Impaired Eyesight (If not corrected by glasses)	

Are you taking any medication that may affect your work, for example cause light-headedness?

If yes, please note medication here

Students are required to have an up to date tetanus injection if they may come into contact with animals or soil during their placement.

Parent/Guardian

"As the parent/guardian I agree for the named student to take part in work experience, I give consent to place my son/daughter in a suitable environment whereby she/he can undertake work experience. I understand that as the parent/guardian it is my duty to handover any health or well-being issues (to school and employer) that could affect my child's safety during this placement. I confirm that I have read carefully and understood this form as completed by my son/daughter and that I agree to all information given in the health declaration".

Self Placement

"I am satisfied that the placement we have provided for the named student is a suitable learning environment for my son/daughter to undertake work in"

Name:

Signature:

Date:

Self Placement Section

This section of the form is designed for students who have identified their own placement. All sections must be completed and signed by the Employer who has agreed to facilitate the student through his/her work experience (**Confirmation of Employers Liability Insurance is essential**).

Company Details:

Business/Organisation Name:

Business/Organisation Description:

Address:

Telephone Number:

E-mail:

Contact Name

Position

Mobile Number:

Job Description

Placement Title:

Students Role/Responsibilities/Tasks:

Lunch Requirements (Packet lunch, canteen):

Clothing Requirements (Smart dress, special requirements):

Additional Information:

Placement Dates:

Placement Days:

From:

To:

Working Hours:

From:

To:

Lunch Time:

From:

To:

Employer

"I confirm that the above named employer can facilitate the named student a work placement on the specified dates"

Name:		Position:	
Signature:		Date:	
Employer's Liability Insurance *The placement cannot go ahead without this minimum requirement*			
"I agree that we hold Employer's Liability Insurance that extends to students on work experience"			
Name of Insurer:	Certificate No:	Expiry Date:	
Have You Provided Placements Before		Yes:	No:
Would You Consider Offering Placements In The Future		Yes:	No:
I Confirm That I Have Made Note Of Any Medical Condition Detailed On This Form		Yes:	No:

Student

"I agree to take part in work experience and observe all Health, Safety and Security regulations in accordance with company policy. Furthermore I understand my responsibility in maintaining confidentiality in relation to all information about the employers business I may obtain during my work experience. I confirm that I have completed this form as fully and carefully as possible and understand that this information will be passed on to my placement provider"

Name:

Signature:

Date: