



**Bridgewater**  
High School



Broomfields Road, Appleton, Warrington, WA4 3AE, Tel 01925-263919, Fax 01925-861434

**Work Experience**  
**SELF PLACEMENT FORM**  
**Dates 11<sup>th</sup> July 2016 to 20<sup>th</sup> July 2016**

**Student Details**

First Name.....	Surname.....
Date of Birth.....	Form.....
Home Address & Postcode.....	
Home Telephone Number.....	
Please give details of any medical or stated conditions i.e Hayfever, Asthma, Epilepsy, Dyslexia, ASD, ADHD etc	

**Company Details**

Dear Employer,  
You have been asked to complete this form following your agreement to a work experience placement. Please complete the company details / Job description and sign the Employer section on the reverse confirming that you carry Employers Liability Insurance. This form should then be returned to the pupil for delivery to school.

Company Name:.....	<i>Dates of Placement:-</i> From .....
Business Description.....	To.....
Full postal address of employer including postcode.....	
Tel No..... Mobile No.....	
Contact Name.....	Position.....
Email .....	
No of employees.....	Fax No.....
Applied through Friend, Relative, Other.....	

## Job Description - Please give as much information as possible

Job Title of Placement.....	
Tasks.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Working Days	From.....To.....
Working Hours	From.....To.....
Lunch Times	From.....To.....
Lunch Arrangements: Staff Canteen / Local Café /Local Shops /Bring Packed Lunch /Lunch Provided	
Requirements (i.e uniform, PPE).....Provided Yes / No	

## Signatures

<b><u>Pupil</u></b> As the pupil named overleaf I agree to take part in the work experience programme. I agree to hold in my confidence any information about the employer's business which I may obtain during this work period. I also agree to observe and uphold all safety and security regulations in accordance with Company Policy.  Name.....Signed.....Date.....
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<b><u>Parent / Guardian</u></b> As the Parent / Guardian of the pupil named in this application I confirm that I agree to the placement and I am satisfied that it is a suitable environment in which my son / daughter may undertake there work experience placement.  Name.....Signed.....Date.....
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<b><u>Employer</u></b> As a representative of the above employer I confirm that the student has a placement with the company on the dates specified, that as a company we have Employers Liability Insurance and have checked that this extends to pupils on work experience. This is a minimum requirement and the placement cannot go ahead if not in place. I understand that, where necessary an assessor will visit to complete a Work Experience Appraisal for the pupil / placement. <b>Please attach a copy of your ELI Certificate / Policy</b>  Name of Insurer.....Certificate No.....Expiry Date.....  Name.....Position.....  Signature.....Date.....
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