



Please complete this form in black ink

Student's Name:		DOB:	Tutor Group:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Employer/Organisation Name and Address (inc postcode):				
Name of Contact:		Position:		
Tel:		Email:		
Mobile:		Web:		
Main Business of Company/Organisation:				
WEX Job Title and Description of Activities:				
Is the address above where the work experience will take place? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If NO please give details:				
Days/hours of attendance; lunch arrangements:		Dress Code:		
Placements may have to be vetted by our agent Sirrond Ltd. The questions below are to assist with this process. Employers Liability Insurance and Public Liability Insurance are legal requirements for placements. We cannot take up offers of placements from organisations without such cover.				
Employers Liability Insurance:		Insurer:		Expiry Date:
		Policy No:		
Do you have valid PUBLIC LIABILITY insurance cover?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have 5 or more employees (inc work experience student)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have written Risk Assessments covering all employees including young people?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>EMPLOYER:</b> By completing and returning this form, I understand that I am confirming my offer of a placement, that the information provided by me is accurate, that the working environment is safe for young people and that adequate supervision will be provided. I also understand that my employer details will be added to the Link2 schools' database and that I may be contacted for future placement opportunities.				
Signed:		Position:		
Print Name:		Date		
<b>PARENT/GUARDIAN:</b> I agree to my son/daughter carrying out the above placement:				
Name:		Signed:		Email:

Return to Mrs Kyriacou, Work Experience Coordinator, Ashmole Academy email: office@ashmoleacademy.org