



SHOEBURYNESS HIGH SCHOOL

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YEAR 12 WORK EXPERIENCE SELF PLACEMENT FORM

Date range 5—9 June 2023

SECTION 1: To be completed by Student

Student Name: _____ Date of Birth: _____

SECTION 2: To be completed by the employer

Name of Organisation: _____ Contact (Mr/Mrs/Ms/Miss): _____

Address: _____ Postcode: _____

Position: _____ Tel: _____ E-mail: _____

Main business of employer: _____ Work Experience Job Title: _____

Brief Summary of Work Experience Activities: _____

Days per week: Mon, Tues, Weds, Thurs, Fri, Sat, Sun Hours per day: _____ Start/Finish time: _____
(Maximum of 5 days per 7 calendar days)

Address of placement (if different to above): _____

EMPLOYERS LIABILITY INSURANCE DETAILS

INSURANCE—Employers Liability insurance cover and Public Liability insurance cover are legal requirements for Work Experience. We regret that we are unable to take up offers of Work Experience from organisations without such cover.

Name of Insurance Company: _____

Policy Number: _____ Expiry Date: _____ Cover Amount: £ _____

To be completed by the EMPLOYER/ORGANISATION providing work experience. Please read carefully before signing

- There may be a requirement for employers offering a work experience placement to be visited by a member of staff to assess the suitability of the placement. The visit will cover insurances, health and safety, placement content and working practices in accordance with the Health and Safety Procurement Standards outlined by the Department for Education
- I confirm that I am happy to undergo a placement assessment visit if required: Yes / No
- Certain settings may require a student over 16 years to be DBS checked. Please indicate here if this would apply to this placement: Yes / No
- I would like the student to contact me again prior to the start of the placement: Yes / No
- If Yes, when? _____ via Phone call / Email / Meeting

Please confirm your offer of a Work Experience placement (*a Manager or Supervisor should sign below*)

Signed: _____ Date: _____

SECTION 3: To be completed by Parent/Guardian

- I confirm that I have agreed to my son/daughter participating in this placement and will be responsible for his/her actions whilst on placement
- I have satisfied myself that the placement is a safe environment for my son/daughter to undertake work experience.

Signed: _____ Name: _____ Date: _____

Please return the completed form to Mrs Wood, Work Experience Admin or the school Reception