



WORK EXPERIENCE STUDENT PLACEMENT FORM

Please return this completed form to Alistair Easterfield or Melissa Lee.

Student Details

Dates of Work Experience:	
Name of Student:	Date of Birth:
School/College: UTC Cambridge	Year Group:

Employer Details

Name of Company/Organisation:	
Type of Company eg: Engineering/Architects	
Position Offered:	
Name of Person to be contacted:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Postcode:
Email:	
Please give details of your Employer Liability Insurance below:	
Name of Insurer:	
Policy Number:	
Expiry Date:	
Does your company have a health & safety policy: Yes/No	
If more than 5 employees, does your company have a written risk assessment? Yes/No	
We recommend you notify your insurers that a work experience student will be on the premises.	

Job Description: (To be completed by company/organisation)

Breakdown of key tasks to be performed by student:
1.
2.
3.
4.
5.

Job Requirements: (To be completed by company/organisation)

Dress Code/any safety or personal protective equipment required:
Working Days and Times: (eg Mon-Fri 9-5pm)
Lunch Arrangements: (eg 1 hour - 12-1pm– Lunch provided/bring packed lunch)
Interview Required: Yes / No
Any Specific Skills Required:

Employer: We will provide a placement for the named student

For and on behalf of: (company / organisation)	
Signed:	Name: (please print in capitals)
Date:	Tel No:

Parent/Carer: As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.

I confirm that my child will be able to travel to his/her work placement.

Signed:

Parent/Carer Name:

Email:	Tel No:
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