**OWN PLACEMENT DETAILS FORM**

**WORK EXPERIENCE : Monday 27th March – Friday 31st March 2023**

**Please ask the employer to complete this form once they have agreed to you completing a placement with them.**

|  |  |
| --- | --- |
| Name of Company\Organisation |  |
| Person responsible for Work Experience |  |
| Job Title |  |
| **E-Mail Address** |  |
| Company Address |  |
| Postcode |  |
| Telephone No |  |

**Work Details:**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Form** |  |
| **Is this business owned by a family member?**  **(If yes, please state relationship to the student)** | **YES/NO**  **Relationship to student:** |
| The hours of work | to |
| Person to whom student should report on the first day |  |
| Brief outline of duties |  |
| Meal/Break time arrangements |  |
| Dress code |  |
| Any other information you wish the student to know |  |
| Please confirm your company has Employers Liability Insurance (ELI) in place for 2022-23 | Yes / No |

**Signed: …………………………………………………………………..………… Date: ………….……………………………………………**

**Position in Company: …………………………………………………..………………………………………………………………………**

Please return this form as soon as possible to:

E-mail: [workexperience@smithillsschool.net](mailto:workexperience@smithillsschool.net)

Or Jayne John, Work Experience Administrator

Smithills School, Smithills Dean Road, Bolton BL1 6JS