

ESSENTIAL SELF-PLACEMENT / PLACEMENT INFORMATION

STUDENT NAME: _____ TUTOR GROUP: _____



Date of Birth: _____

Company Name: _____

Company Address: _____

Company Telephone Number: _____

Company Email Address: _____

Contact name agreeing to the placement: _____

Person to contact if different: _____

Does the company have: Employer liability insurance?
Please tick to confirm Public liability insurance?

Student Job Title will be: _____

Signature of Employer: _____ Date: _____

ADDITIONAL PLACEMENT INFORMATION – Please fill out to suit

Activities to be carried out: _____

Day of week and timings: _____

Meal arrangements: _____

Travel arrangements: _____

Please return completed form to Miss Gallagher to process details

For office use only

- Details on database
- Approved placement
- Job description
- Parental letter sent
- Employer letter sent
- Log booklet given
- Email sent to sixth form admin
- Spreadsheet

Health & Safety Date

Medical