SOUTHEND YMCA COMMUNITY SCHOOL

The Ticket House
110 East Street
Southend on Sea
SS2 6LH
Tel: 01702 987820
E-mail: jeanholmes@ymca.southend.sch.uk

WORK EXPERIENCE SELF PLACEMENT FORM

SECTION 1: To be completed by the Student

Student Name:_____ Date of Birth:_____

SECTION 2: To be completed by the employer

Name of Organisation: _____

Name of contact:_____

Address: _____

Postcode: _____

Position: _____ Tel: _____

Email: _____

Main business of employer: _____

Work Experience Job Title: _____

Brief summary of work experience activities: _____

_____

Placement hours: _____ Days: _____Hours per day:_____

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: £_____

Please complete both sides of form

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

- **Employers offering a work experience placement are required 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: Yes…….. No…….**

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

Signed: _____ Date: _____

Name: _____ (Please print)

Position:_____

SECTION 3: To be completed by the 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:_____ Date: _____

Name:_____ (Please print)

Please complete both sides of form