



Extended Work Experience Personal Placement Form

DAY	AM	PM	START DATE	END DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Student:	Tutor Group:
Address:	Date of Birth:
.....	Telephone:
Postcode:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Placement Provider Information	
Company Name:	
Company Address:	Type of Company:
.....	Number of Employees:
.....	Telephone:
.....	Mobile Telephone:
Postcode:	E-mail:
Name of Contact:	Position:
Signature:	Date:

It is a requirement of Work Experience that companies have completed and returned a signed copy of the Connexions Work Experience Agreement and that companies hold both Public and Employer Liability Insurance Policies

HAVE COMPLETED, SIGNED AND RETURNED CONNEXIONS WORK EXPERIENCE AGREEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EMPLOYERS LIABILITY INSURANCE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PUBLIC LIABILITY INSURANCE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Type of Work Experience:

Location of placement (if different from above):

Report to: at:

Hours: Meals:

Working hours must be within the times of 8am and 5.30pm Monday to Friday (Sunderland schools only).

Dress code/protective clothing:

TO BE COMPLETED BY PERSON WITH PARENTAL RESPONSIBILITY		
I AGREE TO UNDERTAKING WORK EXPERIENCE AT THE ABOVE PLACEMENT		
Signature:	Relationship to Student:	Date:
TO BE COMPLETED BY SCHOOL WORK EXPERIENCE CO-ORDINATOR		
I AGREE TO THIS PLACEMENT, SUBJECT TO A SATISFACTORY HEALTH AND SAFETY ASSESSMENT		
School:	Name:	
Signature:	Date:	

TO BE COMPLETED BY CONNEXIONS TYNE AND WEAR					
EMPLOYER NO	PLACEMENT NO	AGREEMENT	LETTER SENT		
<input type="text"/>	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>

