

# Own Placement Form



School Name: The Boswells School

School Deadline: 3<sup>rd</sup> February 2023

## STUDENT DETAILS

Name: ..... Postcode: .....  
DOB: .....

## PLACEMENTS DATES (Check and change if required)

Start Date: Monday 12<sup>th</sup> June 2023 End date: Friday 16<sup>th</sup> June 2023  1 Week

## COMPANY/INSTITUTION DETAILS (Address where student will be based)

Company Name: .....  
Address: .....  
Postcode: .....  
Telephone number: ..... Mobile number: .....

## PLACEMENT DETAILS (to be completed by employer)

Main contact: Title Firstname Lastname  
Position: .....  
Email address: .....  
Student supervisor: Title Firstname Lastname  
Interviewer: Title Firstname Lastname

Type of business/ Industry: .....

Department and job role offered to work experience student:  
(e.g. Finance/ account assistant, Administration/General Assistant, Sales Assistant)

Could we contact you regarding taking any future placements? Yes  No

## EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)

We regret that only those employers with Employer's Liability Insurance are eligible for inclusion in the BEP Group Work Experience Scheme.

Insurer: .....  
Policy number: ..... Expiry date: .....

## AGREEMENT BY COMPANY/INSTITUTION

This placement has been agreed on behalf of the above named company / institution

Signed: .....  
Print name: ..... Date: .....

## PARENT/GUARDIAN AGREEMENT TO PLACEMENT

Signature: ..... Date: .....