

# STUDENT ARRANGED PLACEMENT FORM

Stocksbridge High School  
Shay House Lane  
Stocksbridge  
Sheffield S36 1FD



## STUDENT DETAILS (BLOCK CAPITALS PLEASE)

School Name: Stocksbridge High School

Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## COMPANY DETAILS (BLOCK CAPITALS PLEASE)

Co. Name: \_\_\_\_\_

Co. Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Co. Telephone: \_\_\_\_\_ Co. Fax: \_\_\_\_\_

Co. WWW: \_\_\_\_\_ Co. Email: \_\_\_\_\_

## COMPANY CONTACT DETAILS (BLOCK CAPITALS PLEASE)

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## JOB DETAILS (BLOCK CAPITALS PLEASE)

Job Title: \_\_\_\_\_ Dates: From 11- May-09 To 22-May-09

Working days: \_\_\_\_\_ Working hours: \_\_\_\_\_

Tasks/Duties: \_\_\_\_\_

**As a representative of the company, I agree to this student undertaking a Work Experience placement with us in accordance with the details above. I confirm that the company:**

(Please circle your answer)

- Is already involved in the Business & Education South Yorkshire Work Experience programme ..... YES NO
- Offers this place in addition to our existing/normal commitment ..... YES NO  
*(Students may already be allocated existing places, please don't let them down.)*
- Is not currently involved in the Work Experience programme, but is willing to provide placements in future ..... YES NO
- Has Employer Liability insurance ..... YES NO
- Has a written Health and Safety policy (if 5 or more employees) ..... YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for agreeing to take part in this Work Experience placement. Business & Education South Yorkshire will send you confirmation of the allocated student in advance of the placement start date.**

For our market research purposes please would you tell us, how did the student find this placement?