



Stowupland
High School

"Outstanding Progress for All"

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www.stowuplandhighschool.co.uk

Work Experience Placement Request Form

To be completed by the employer

Contact Name: _____ Position: _____

Company Name: _____

Address: _____

_____ Post Code: _____

Type of work to be done:

Telephone No: _____

Email: _____

Clothing to be worn by student:: _____

Special clothing to be supplied: _____

Hours of work

Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Meal arrangements

Insurances and Company Risk Assessment details:

Employer Liability Insurer	Policy Number	Expiry Date
Motor Vehicle 'Business Use' (only necessary if student is to travel in vehicle) YES NO		
Company Risk Assessment		

Declaration Employer (Placement Provider):

As a representative of the employer, I agree to the named student working on my premises.

Signed: _____ **Name:** _____

On behalf of

Organisation: _____ **Date:** _____

By signing this form I agree to and understand that work placement information will be held by Stowupland High School. This information will also be shared with students, parents and carers to facilitate the work experience placement.

Thank you for agreeing to accept our student for work experience.

Student Name: _____ **Tutor Group:** _____

TO BE COMPLETED BY THE STUDENT

I agree to take part in this work experience on the understanding that:

- I will respect any confidential information about the employer's business;
- I will comply with all safety, security and other regulations set by the employer;
- I must take care of the health, safety and welfare of myself and others.

Signature: _____ **Date:** _____

TO BE COMPLETED BY PARENT / CARER

Please detail any medical needs below:

Please provide emergency contact details below:

Name: _____ **Emergency Contact No:** _____

Please sign to confirm that you are happy for Stowupland High School to disclose the above information to the employer.

I agree for my son/daughter undertaking work experience with the employer notified to me on the enclosed details and confirm that I have received a copy of these.

Parent Name: _____ **Signature:** _____

Date: _____

PLEASE RETURN THIS FORM TO THE SCHOOL