

KS 4 / 5 Extended Work Placement: Student Arrangement Proposal

B&E Together Ltd, Manvers Campus,
Manvers Park, Wath-upon-Dearne,
Rotherham, S63 7EW
01709 513 380



School/Requesting Organisation: Main Contact:

Contact Tel No..... Fax..... Email..... Site.....

Course Title..... Course Year..... Course Unit

..... Examining Body

Student Details: Mr / Miss (please circle) Surname:

First Name (s) Address:

Tel No:

Mobile:

Emergency name & Tel No: Post Code:

Date of Birth: Age at Start of Placement: Years:Months: Year Group:

Work Experience Dates: From: DAY / MONTH / YEAR To: DAY / MONTH / YEAR

Type of Placement Required: Duration:

Placement Days: M T W TH F Total No. of Days: Total No. of Hours:

At Placement: ALL DAY / MORNING / AFTERNOON Incorporating: EVENINGS / WEEKENDS

Travel Areas:

Learning Outcomes (details of the practical tasks you need to undertake in order to achieve each unit)

1

2

3

4

5

6

Subjects Studied & What Grades You Think You Might Get:

Subject	Grade	Subject	Grade	Subject	Grade

Occupational / Career Aim / Interest in Particular type of work:

Hobbies & Interests:

Company & Proposed Placement Details

Company Name:

Contact Name: Mr / Miss / Mrs / Ms

Company Address:

Position: Post Code:

Tel No: Mobile: Fax:

www: Email: Nature of Business:

Are you related: YES / NO What is your relationship?

Students Job Title: Type of Work/Tasks:

Other site/building/office to the above:

Has the Company Employer Liability Insurance? YES / NO

ELI Registration Number ELI Expiry Date

As a representative of the Company, I agree to this student undertaking a work experience placement with us in accordance with the details above. We have checked with our insurance Company that our Employers/Public Liability insurance is adequate to meet any risk arising from the placement(s) of the student(s) on work experience.

Signature:

Name (Capitals):

Date:

Useful Information – Please give details of any information which may affect the type of placement you should attend. Please consider health/allergies, epilepsy, Saturday jobs, dress code, religion, colour vision, relevant personal concerns or fears:

PARENT / GUARDIAN (please tick appropriate boxes)

I support my son / daughter's choice of placement I agree with the travel to work areas

I do not support my son / daughter's choice of placement I do not agree with the travel to work areas

Does your son / daughter have any health or other problems which might affect the placement YES / NO (if yes please give detail)

Do you have any other comments or concerns?

Name: Signature: Date:

TEACHER (please comment as fully as possible)

Students ability: A – C D – F G + Below Other (please give detail below)

- 1. Do you agree that the students choices are suitable? YES / NO
- 2. Do you have any concerns about the student's standard of behaviour? YES / NO
- 3. Are you aware of any issues, which might affect the student's health, safety & welfare whilst on placement? YES / NO

If 'yes' to the above or you have any other information please give detail: