

Work Experience Placement Offer Form

24th - 28th March 2025



Pupil Name:

Form:

COMPANY INFORMATION

*(These details must be completed by the employer in full, field marked with * are essential)*

* COMPANY Name & Address <i>(Please include postcode)</i>			
CONTACT Email & Telephone			
* NAME OF CONTACT <i>(who has agreed the placement)</i>	Mr/ Mrs/ Miss/ Ms/ Dr		
How would you like to receive correspondence from the school?	<input type="checkbox"/> EMAIL	<input type="checkbox"/> POST	<input type="checkbox"/> FAX
Are you related to the student? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES please state relationship:		

COMPANY INSURANCE DETAILS

<b style="color: red;">Do you hold Employers Liability Insurance Cover (£5million)? Insurance Company Name, Policy Number & Expiry (ELI only): Insurance Company: _____ Policy No: _____ Expiry: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	JOINT POLICY <input type="checkbox"/>
<b style="color: red;">If you <u>do not</u> have any of the above insurance covers are you willing to take cover out for the placement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

GENERAL PLACEMENT INFORMATION

No. of Placements Offered:		What hours will the student be working?	FROM:	TO:
What does your company do?				
What kind of work/ tasks will the student be undertaking?				
Where/ Who should the student report to on the 1 st Day?				
Will the student need any work clothes for your placement? <i>If YES please detail</i>				
Do you have any uniform requirements? <i>If YES please detail</i>				

PLACEMENT AGREEMENT

The Company will fully discharge its legal duties in managing the health, safety and welfare of this student. The Company's insurers have been advised that this work placement is taking place and have confirmed that the insurance cover includes students on work experience / work placement. The Company will indemnify the student to the same extent as other employees regarding accident or damage to property, other employees and third parties. Our Company Health & Safety and Employer Liability Insurance arrangements (with a minimum of £5m indemnity) will be in place for this work experience opportunity.

I am authorised on behalf of the above company to confirm the above during this work placement:

PRINT NAME		DATE	
SIGNATURE			

Thank You for your offer

Please return to V Evans either via fax, post or email
 Fax Number: 01384 816396 Email: vevans@dormston.dudley.sch.uk
 Address: The Dormston School, Mill Bank, Sedgley, Dudley, DY3 1SN