

WORK EXPERIENCE PLACEMENT FORM



Student Information

Tutor Group

Name

Work Experience Details

Start Date

19 May 25

End Date

23 May 25

Business/Organisation Information

Name and address of organisation

(including postcode)

Telephone

Email

Contact Name

Type of work offered

Hours to be worked

(e.g., 9am – 5pm)

Any other relevant information for school/student

(e.g., lunch arrangements)

Employers' Liability Insurance details:

Insurance Company

Policy Number

Expiry Date

Do you require an interview/meeting with the student prior to work experience? YES NO

School Contact Information:

The Meden School, Burns Lane, Warsop, Mansfield, Notts. NG20 0QN

Tel: 01623 843517

Contact Name: Mr Tim Gibbon

For school use only:

Health & Safety Checked/date requested

Placement authorised & agreed

Confirmation to the employer

Paperwork printed & issued