

School: Queen's Park High School

Coordinator: Mrs Watts / Mrs Tunncliffe

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

Year Group: 12

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Nature of business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period of Work Experience: 5 Days

From: 10<sup>th</sup> July 2023 To: 14<sup>th</sup> July 2023

Start/Finish Times: \_\_\_\_\_

Placement Job Title: \_\_\_\_\_

Main duties and responsibilities of student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Additional Information / Requirements (e.g. dress code or uniform required / lunch arrangements): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Work Place Prohibitions: \_\_\_\_\_  
\_\_\_\_\_Additional Needs: Yes / No (if yes please list) \_\_\_\_\_  
\_\_\_\_\_

**Note to the placement provider: It is a requirement that students on work experience are covered by Employer's Liability Insurance. Please detail below. This will be confirmed at the health and safety visit.**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

