

Student details					
Student name			Form	Year	10
School	Beaumont School, St Albans	Work Experience dates	Monday 3 -	- Friday 7 June 2024	
Placement details : Company					
Company name					
Company address					
		Postcode			
Telephone		Website			
Email address					
Placement details : job information					
Student's job title					
Brief job description					
Placement details : contact details of person agreeing to placement					
Name		Position			
Telephone/Mobile		Email			
Placement details : person to contact (f different to above)					
Name		Position			
Telephone/Mobile		Email			
Placement details : supervisor during work experience					
Name		Position			
Telephone/Mobile		Email			
Placement details : information for student					
Working hours		Clothing arrangements			
Meal arrangements		Travel arrangements			
Pre placement interview requ	uired?	Yes / No			
Interview notes					
For an extended Work Experience Placement – does the person responsible for the student agree to complete a DBS check if required by the learning provider? Yes / No					
Employers offering Work Experience must agree to undergo a Health & Safety check carried out, on behalf of the learning provider, by Hertfordshire County Council Services for Young People or an alternative approved agency. The assessment will cover Health & Safety in the workplace, insurance and work content, in accordance with Department of Education & Skills requirements.					
Employers Liability Insurance & Public Liability insurance cover are legal requirements for Work Experience					
Employers Liability Insurance					
Policy number		Expiry date	DD / MM / `	YYYY	
Public Liability Insurance Provider					
Policy number		Expiry date	DD/MM/	YYYY	
Confirmation of a work placement offer for the above dates This section must be completed/authorised by a company manager or supervisor					
Authorised by	This section must be completed/auth	orised by a company manag	jer or supervi	SOF	
Print name		Date			
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