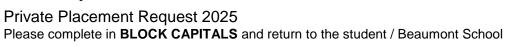


Work Experience





Student details					
Student name			Form	Year	10
School	Beaumont School, St Albans	Date	Monday 2 – F	riday 6 June 2025	
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 deta		o 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 Any specific clothing					
Working hours		requirements?			
Meal arrangements		Travel arrangements			
Is a pre placement int	erview required?	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 Provider					
Policy number		Expiry date	DD / MM / YY	ΥΥ	
Public Liability Insura	nce Provider		II.		
Policy number		Expiry date	DD / MM / YY	YY	
Confirmation of a work placement offer for the above dates: this section must be completed by a company manager or supervisor					
Authorised by		Position			
Print name		Date			