

WORK EXPERIENCE SELF PLACEMENT FORM

STUDENT TO COMPLETE:

Full Name: _____ Tutor Group: _____

School/College: Raines Foundation

Work Experience Dates: 12th – 16th June 2017

EMPLOYER TO COMPLETE:

Company: _____

Address: _____

Contact Person: _____

Position: _____

Telephone Number: _____

Email Address: _____

Type of Job Offered: _____ Dept: _____

Is the contact a Relative / Family Friend / Neither? *(Please circle as appropriate)*

Is the placement definite? YES / NO

Has the company hosted a Work Experience student before? YES / NO

If yes, which borough/s have you worked with before: _____

Does your company have Employer Liability Insurance? *(If yes, please supply details below)* YES / NO

Insurance with: _____

Policy Number: _____ Expiry Date: _____

AGREEMENT BY COMPANY:

This placement has been agreed on behalf of the above company and we agree that a representative of Tower Hamlets EBP may visit the premises and go over paperwork if required.

Name: _____

Signed: _____ Date: _____

Thank you for supporting Tower Hamlets students

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