



WORK EXPERIENCE STUDENT PLACEMENT FORM

Please return this completed form to Form the Future CIC, Future Business Centre, Kings Hedges Road, Cambridge CB4 2HY or contact info@formthefuture.org.uk if any questions.

Student Details

Dates of Work Experience:	
Name of Student:	Date of Birth:
School/College:	Year Group:

Employer Details

Name of Company/Organisation:	
Type of Company eg: Engineering/Architects	
Position Offered:	
Name of Person to be contacted:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Postcode:
Email:	

Please give details of your Employer Liability Insurance below:

Name of Insurer:
Policy Number:
Expiry Date:
Does your company have a health & safety policy: Yes/No

If more than 5 employees, does your company have a written risk assessment? **Yes/No**

We recommend you notify your insurers that a work experience student will be on the premises.

Job Description: (To be completed by company/organisation)

Breakdown of key tasks to be performed by student:

- 1.
- 2.
- 3.
- 4.
- 5.

Job Requirements: (To be completed by company/organisation)

Dress Code/any safety or personal protective equipment required:

Working Days and Times: (eg Mon-Fri 9-5pm)

Lunch Arrangements: (eg 1 hour - 12-1pm– Lunch provided/bring packed lunch)

Interview Required: **Yes / No**

Any Specific Skills Required:

Are there any learning/behavioural difficulties, disabilities or medical health conditions that would stop a young person working in your environment?

Employer: We will provide a placement for the named student

For and on behalf of:
(company / organisation)

Signed:

Name: (please print in capitals)

Date:

Tel No:

Parent/Carer: As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.

I confirm that my child will be able to travel to his/her work placement.

Signed:

Parent/Carer Name:

Email:

Tel No: