

EDUCATION TO WORK

SELF-FOUND PLACEMENT FORM

SCHOOL/COLLEGE:	MALET LAMBERT	REF NO.	
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BLOCK YR 10 ☒

BLOCK 6TH FORM ☐

EXTENDED ☐

STUDENT:	It is your responsibility to make sure that all sections of this form are complete. If any part is incomplete then your application will not be accepted.
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EMPLOYER:	This is an approved form for learner work experience and is a valid approach from a learner which has the support of the school/college. Please complete the employer placement details below if you are able to offer a placement. You will be contacted in due course by a placement officer from E2W to make an appointment to see you to go through health & safety information. Please make sure you have available your EMPLOYERS LIABILITY INSURANCE CERTIFICATE at the appointment, without this the placement will not go ahead. Thank you for offering work experience.
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PLACEMENT DATES:	<u>MONDAY 10TH MAY 27</u> TO <u>FRIDAY 14TH MAY 27</u>	NO. OF CONTACT DAYS (TOTAL):	5
STUDENTS NAME:		NO. OF CONTACT DAYS (PER WEEK):	5
DEADLINE FOR FORM RETURN: MONDAY 15TH MARCH 2027			YEAR GROUP:
			10

NAME OF COMPANY/ORGANISATION:	
CONTACT NAME:	MR / MRS / MISS / MS
ADDRESS INCLUDING POSTCODE:	
TELEPHONE NO. / MOBILE:	
EMAIL:	
EMPLOYERS LIABILITY INSURANCE DETAILS: (THIS COVERS ALL EMPLOYEES OF THE COMPANY)	INSURANCE CO. _____ POLICY NO. _____ EXPIRY DATE _____

BRIEF JOB DESCRIPTION OF WORK TO BE UNDERTAKEN:
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EMPLOYERS SIGNATURE: PRINT NAME: DATE:	PARENT/CARERS SIGNATURE: PRINT NAME: DATE:
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E2W USE ONLY!
NOTES: