**OWN PLACEMENT DETAILS FORM**

**WORK EXPERIENCE : Monday 22nd March – Friday 26th March 2021**

**This form should be completed by the Employer**

|  |  |
| --- | --- |
| Name of Company\Organisation |  |
| Address |  |
| Postcode |  |
| Telephone No |  |
| E-Mail Address |  |
| Person responsible for Work Experience |  |
| Job Title |  |

**Work Details:**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Form** |  |
| **Is this business owned by a family member?**  **(If yes, please state relationship to the student)** | **YES/NO (essential information).** |
| The hours of work | to |
| Person to whom student should report on the first day |  |
| Brief outline of duties |  |
| Any details you wish the students to be told before coming to you (e.g. type of dress required, any special requirements or provision made by yourselves). |  |
| Please confirm your company has Employers Liability Insurance (ELI) in place for 2020-21 |  |

**Signed: …………………………………………………………………..………… Date: ………….…**

**Position in Company: …………………………………………………..……………………………….**

Please return this form as soon as possible to:

Mrs J. Isaacs, Careers/ Work Related Learning Coordinator

Smithills School, Smithills Dean Road, Bolton BL1 6JS

E-mail: [workexperience@smithillsschool.net](mailto:workexperience@smithillsschool.net)