**WORK EXPERIENCE SELF-PLACEMENT FORM**

**WORK EXPERIENCE DATES 08 - 19 July 2024**

Please return completed forms to: Mrs Ann Pemberton

The Birley Academy Birley Lane Sheffield S12 3BP

T: 0114 2392531 ext 2253 E: annpemberton@birleysecondaryacademy.co.uk

Please ensure all the sections are completed clearly. **This form will be returned to you if there are no ELI details.**

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| **Student** |

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| Student Name: Tutor Group: |
| School Name: **THE BIRLEY ACADEMY**  |
| Student Signature: Date: |

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| **Company/Organisation Details** |

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| Business/Organisation Name:  |
| Address including postcode: |
| Tel: Email: |
| Contact Name: Position: |

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| **Placement Job Description** |

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| Job Title:  |
| Students Role/Responsibilities/Tasks: |
| Placement Dates: From: Monday 08 July 2024 To: Friday 19 July 2024 |
| Working Hours: From: To:  |
| Special Dress requirements:  |

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| **Employer** |

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| **\* As a representative of the above company I agree to offer this student a work experience placement as described above.** |
| **Name: Signature: Date:** |
| *Employer’s Liability Insurance This placement cannot go ahead without this minimum requirement. Please ensure all fields below are accurately completed:* |
| Name of Insurer: Policy No: Expiry Date: |
| Who is responsible for Health & Safety? Tel:  |
| **I confirm I have made a note of any student medical conditions/educational needs: YES: NO:** |

**Pto…**

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| **Parent/Carer** |

**How was the placement found?** Is this through a personal contact, family member or friend? What information can you provide that assures us you feel your child will be well looked after and kept safe?

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| **Health, Well-being & Special Educational Needs** |
| *\*Please inform us of any medication, health conditions, special educational needs or issues that may affect your work experience placement. This information will be used by the employer and Opportunity Sheffield team members when completing the health & safety risk checks of your placement.* |
| **Parent/Guardian** |
| ‘As the parent/carer I agree for my child to take part in work experience’. ‘I understand that as the parent/carer it is my duty to supply any relevant medical/health issues or special educational needs to my child’s school, Opportunity Sheffield and the Employer which could affect my child’s safety whilst on placement’. By signing this form, ‘I agree with all the information given in the health declaration’ |
| **Name:**  | **Email:** |
| **Signature:** | **Date:** |

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| Please return completed forms to: |
| Ann PembertonThe Birley AcademyBirley LaneSheffieldS12 3BPT: 0114 2392531 ext 2253 E: annpemberton@birleysecondaryacademy.co.uk |