## bep_group_logoOwn Placement Form

## 

**School Name: School Deadline:**

**STUDENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Postcode:** |  |
| **DOB:** |  |  |  | |

**PLACEMENTS DATES (Check and change if required)**

|  |  |
| --- | --- |
| **Start Date: …………………………….. End date:…………………………….. 1 Week 2 week block** |  |

**COMPANY/INSTITUTION DETAILS (Address where student will be based)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** |  |  | | | |  | | | |
| **Address:** |  | | |  | | | | |  |
| **Postcode:** |  | |  | | | |  | | |
| **Telephone number:** |  | | | | **Mobile number:** | | |  | |

**PLACEMENT DETAILS (to be completed by employer)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Main contact:** | Title | Firstname | Lastname | | **Position:** |  | | | | **Email address:** |  | | | | **Student supervisor:** | Title | Firstname | Lastname | | **Interviewer:** | Title | Firstname | Lastname | | |  | | --- | | **Type of business/ Industry: ………………………………………………………………………………………..** | | **Department and job role offered to work experience student: (e.g. Finance/ account assistant, Administration/General Assistant, Sales Assistant)**  **………………………………………………………………………………………………………………………………………………..….**  **Could we contact you regarding taking any future placements? Yes No** | | | | | | **EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)** We regret that only those employers with Employer's Liability Insurance are eligible for inclusion in the BEP Group Work Experience Scheme.   |  |  |  |  | | --- | --- | --- | --- | | **Insurer:** |  | | | | **Policy number:** |  | **Expiry date:** |  |   **AGREEMENT BY COMPANY/INSTITUTION**   |  |  |  |  | | --- | --- | --- | --- | | This placement has been agreed on behalf of the above named company / institution | | | | | **Signed:** |  | | | | **Print name:** |  | **Date:** |  |   **PARENT/GUARDIAN AGREEMENT TO PLACEMENT**   |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | **Date:** |  | | | | | |