## 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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **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** |

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| **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:**  |   |

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