

SMSJ Sixth Form

Work Experience – Own Find Form

PLEASE USE CAPITALS AND BLACK INK

Student Name:		Student Contact Number:	
School:	<i>SMSJ</i>	Placement Dates:	<i>13-17th July 2020</i>

Company Name:		Contact Name:	
		Contact's Position:	

Company Address:

Post Code:

Phone Number:		Email:	
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Brief Job Description:

If you have taken work experience students before, please give details of the school or Local Authority who arranged it and/or visited your premises to carry out a pre-placement check (we may NOT need to carry out another check if you can provide this information).

Organisation name:
(School, Local Authority, EBP etc.)

NAME OF EMPLOYERS LIABILITY INSURANCE COMPANY (Please attach a copy of your Insurance Certificate)

We regret that only Employers with Employers' Liability Insurance cover are eligible for Work Experience

POLICY NO		EXPIRY DATE	
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Please confirm your offer of a Work Experience Placement (Manager or Supervisor should sign below):

For & on behalf of (COMPANY NAME): _____

Signed: _____ **Position:** _____

PRINT NAME: _____ **Date:** _____

Please return this form to Mrs Phillips either by hand or email mphillips@smsj.london