

WORK EXPERIENCE APPLICATION FORM 2



OFFICE USE ONLY/
DO NOT FILL IN

CLT No

OPP No

OPP No

PLEASE WRITE CLEARLY IN BLACK INK

School: HOLMFIRTH HIGH SCHOOL

Work Experience Dates: From

DAY	MONTH	YEAR
13	07	2020

To

DAY	MONTH	YEAR
17	07	2020

First name(s): Mr/Miss Surname:

Address:

..... Postcode:

Tel no: Mobile:

Email:

Date of birth: Tutor Group or Form no:

Age when starting work experience placement:

Please list any medical condition relevant to going on work placement and ensure the placement is informed.

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STUDENT SIGNATURE

I confirm that the information on this form is correct and can be shared within C&K Careers. I confirm that I want to attend a Work Experience placement.

Student name: Signature: Date:

PARENT'S/GUARDIAN'S CONTACT NUMBER

.....

PARENT'S/GUARDIAN'S COMMENTS

.....

I agree that my son/daughter can go on work experience. The health information on this form is accurate and complete.

Name: Signature: Date:

please turn over....

PLACEMENT DETAILS

Company:

Contact name: Position:

Company address:

.....

..... Postcode:

Tel no: Mobile:

Email: Fax:

Are you related to the contact? Yes No

Name of person who you will be working with:

Which department will you be working in?

What type of work will you be doing:

Start date: End date:

EMPLOYERS AND PUBLIC LIABILITY INSURANCE

The following **MUST** be completed before submitting your form:

Placements are unlikely to go ahead without Employers Liability Insurance

Employers Liability Insurance:

Insurance company: Policy no: Expiry date:

Public Liability Insurance: Yes No

Please provide any further information that maybe useful about your placement.

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Please return to your Form Tutor/School Work Experience Co-ordinator