

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER ONCE THE PLACEMENT HAS BEEN SOURCED AND CONFIRMED

Work Experience dates: Mon 6th July – Fri 17th July 2020 incl. (10 days)

Please complete with all details, sign and return to the pupil.

PUPIL NAME		Tutor Group	
EMPLOYER NAME			
Placement Address			
Postcode			
Email Address			
Telephone/Fax			
Mobile			
Placement Title			
Duties to be carried out by pupil:			
Working Days/Times			
Meal Breaks			
Appropriate Clothing			

Employer’s Liability Insurance details

Insurance company:

Policy No: **Expiry Date:**

PLEASE NOTE WITHOUT EMPLOYERS LIABILITY WE CANNOT AUTHORISE THE PLACEMENT. PUBLIC LIABILITY ALONE WILL NOT SUFFICE

By signing this form, you are agreeing to provide a placement to the named pupil.

EMPLOYER AUTHORISING PLACEMENT:

Contact Name.....**Position**.....

Signature..... **Date**.....