

Name	Details of any health problems or prescribed medication, including allergies
Tutor Group	
Address	
Home Tel No	
Date of Birth	
Emergency Contact Name & Number	Please note it is the responsibility of the student to inform the employer of any of the above

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Placement Details, Insurance & Employer Agreement			
Company Name		Contacts Name	
Company Address		Position	
		Telephone No	
		Email Address	
Postcode			
Is this a home Address?		How is the student known to you?	

WORK EXPERIENCE/SHADOWING OWN PLACEMENT FORM
19th – 23rd February 2024

Main tasks the student will undertake			
I.....(name) from (company) am authorised to offer the work placement as detailed above.			
Employers Liability Insurance held with			
Policy No		Expiry Date	
Signed		Date	
Please can you attach a copy of your current Employers Liability Insurance certificate to this form			

Parent/Student Agreement			
I understand that this placement will not be definite until it is confirmed by LPA.			
Student Signature		Date	
Parent/Guardian Signature		Date	