



SELF PLACEMENT FORM 2022/23
Crown Hills Community College

Student - This form is to be taken to the company you wish to work with and be completed by your employer.

Please note you can only find a Self-Placement in Leicestershire and the following areas: Derbyshire, Rugby Nottinghamshire, Lincolnshire and Rutland, Northamptonshire, Atherstone, Nuneaton and Bedworth.

Important: students please note you must complete the front and the back of this form!

Employer – Please complete this form fully and return to the student ASAP.

If you have not previously offered work experience, one of our Employer Assessors will shortly be in touch to arrange a brief meeting to ensure the information held on our database about your organisation is both accurate and satisfactory. Please ensure you provide a valid contact number that you can be reached on during the week between 9am and 5pm.

Insurance – When students are on work experience they are classed as employees and we ask that you confirm below that you have these insurances otherwise the placement cannot go ahead. The Employer Assessor will need to see the certificates when they visit.

Do you have Employers Liability Insurance? YES NO **Public Liability Insurance?** YES NO

ALL DETAILS ARE TO BE COMPLETED

Student Name Placement dates: 06 MARCH 2023 – 11 MARCH 2023

Company/Business Name

Address.....

..... Post Code.....

Phone Number Email

Company Contact Full Name:

Company Contact Position.....

Work Experience Role (e.g. Office Assistant).....

CONTACT SIGNATURE **PRINT NAME** **DATE**

By signing this form I consent to LEBC holding my personal details for the purposes of arranging this placement. I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

TEACHER SIGNATURE **PRINT NAME** **DATE**

Privacy Statement – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promise to keep your details safe and secure. You can change your mind at any time by emailing contactus@leics-ebc.org.uk For further details on how your data is used and stored, please visit www.leics-ebc.org.uk/privacypolicy



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SELF-PLACEMENT FORM 2022/2023

CROWN HILLS COMMUNITY COLLEGE

PERSONAL DETAILS

Male Female First Name Surname

Date of Birth/...../..... Home Address

Postcode Contact Number Email Address.....

HEALTH: Please indicate any illnesses or other factors that the employer should be made aware of, e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy:

STUDENT PROFILE – FOR TUTOR TO COMPLETE

Does this learner require a higher level of supervision whilst out on placement? **Yes/No**

Has the Designated Senior Person identified this learner as being vulnerable in relation to their work experience placement? **Yes/No**

Please indicate if the learner needs additional support with: *Tick as appropriate*

	YES	NO
Reading		
Understanding and following instructions		
Speaking English (If yes please specify learners first language.....)		
The learner has a Special Needs Statement/EHC PLAN (if yes more details must be given to LEBC)		

In order to provide and process a work experience placement, LEBC requires some specific information which we need to pass on to the employer so that they can provide a suitable experience and do everything reasonable to protect your Health, Safety and Welfare.

By signing this form I consent to LEBC holding personal details of the young person named below who I am legally responsible for, for the purposes of arranging a work experience placement. I understand that I can ask for their data and / or any photographs to be permanently removed from the records following the placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

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The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person. The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign. Please can you check that the health information is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

PARENT/LEGALLY RESPONSIBLE PERSON:

Name: _____ Signature _____ Date: _____

LEARNER: I agree to the use of data as described above.

Name: _____ Signature _____ Date: _____