

Employer Information

Name of Pupil:					
Name of company:					
Address:					
Name of contact:		Phone:		Email:	
Description of placement: <i>Describe the job(s) that the student will carry out. State which dept. they will work in.</i>					
Work days and hours:					
Lunch/break time:					
Any job requirements: <i>For example: training, dress code, protective equipment, etc.</i>					

Employer Agreement

Our organisation agrees to provide the named student with a work experience placement. We also agree to provide the student with the necessary information, instruction, and training so they know how to fulfil their role properly and do so safely. We have discussed and agreed with the school the safety measures that we already have, or will put, in place to protect the named student during their work placement.

Name:		Date:	
Signature:			