

NEW PLACEMENT REQUEST FORM



SCHOOL NAME:		WEX COORDINATOR NAME:	
STUDENT DETAILS:		COHORT NAME:	
First Name:	Surname:	Tutor Group:	
EMPLOYER DETAILS:			
Company Name:		Contact Name:	
Address:			
Postcode:			
Telephone No:		Mobile/Direct Line:	
Email:		Supervisor:	
PLACEMENT DETAILS:			
From:	To:	Days:	
Job Title (as it will appear on database):			
Job Description Activities: (please complete as fully as possible as this information will be used to complete the online job description and will help the Risk Assessor when they undertake checks):			
Health & Safety Information that you may have discussed with the employer that our Risk Assessors should know about when undertaking their check:			
Start Time:	Clothing Arrangements:		
Finish Time:	Lunch Arrangements:		
Interview:	Travel Arrangements:		
DOES THE COMPANY HAVE:			
Public Liability Cover:	Yes	No	Employers Liability Cover: Yes No
I confirm that the employer has been contacted regarding this placement and has agreed to the placement and for a H&S check to be undertaken.		Please tick or write yes to confirm:	
Signed:			Date:

Upon completion please return this form to the school work experience coordinator as soon as possible. In order for us to be able to approve the placement in time we would be very grateful if all sections of the form are fully completed. Thank you.

Learn Together. Grow Together. Succeed Together.

