

# Central Berkshire Education Business Partnership

## 2010 Work Experience – Student Organised Placement

O/P

School: \_\_\_\_\_ Dates of WEX: 12–16 JULY 2010

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex – M/F

Address: \_\_\_\_\_ Tutor Group: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Emergency phone: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Many companies only accept Students who write to them directly, and its advisable that you do this as soon as possible.

Placements at popular companies get allocated very quickly, so make sure you get there first! Write to organisation stating the dates of your work experience, and the reasons why you wish to work at that particular company. This is also good experience for when you apply for jobs in the future.

Some companies will forward this form to the Central Berkshire EBP, and we shall notify you of the outcome. If the employer confirms the placement directly to you, please ask them to complete the details below.

### The following person has offered me a placement:

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Is the above contact a relative, friend or other—please detail \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Nature of placement offered: \_\_\_\_\_

I \_\_\_\_\_(name) of \_\_\_\_\_(company)  
Am authorised and pleased to offer the work experience as detailed above. I can confirm the company holds Employers Liability Insurance\*, and that cover extends to students on work experience. (\*Employers Liability (compulsory insurance) Act 1969)

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurers: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*EMPLOYER—PLEASE NOTE THAT THIS PLACEMENT WILL BE IN ADDITION TO ANY PLACEMENTS\*\*  
YOU HAVE ALREADY OFFERED TO CENTRAL BERKSHIRE EDUCATION BUSINESS PARTNERSHIP**

I understand that this placement will not be definite until it is confirmed by the Central Berkshire Education Business Partnership, and Insurance/Health & Safety checks have been undertaken, and all relevant paperwork received.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Information contained within this application form will be used in accordance with the 1998 Data Protection Act. For further information on how this personal information will be handled, please contact us on 01189 338 668

**PLEASE RETURN THIS FORM TO YOUR TUTOR BY 29 JANUARY 2010**