

Own Find Form

Student details

Student name		Date of birth:	
Placement dates	From:	School	
	To:		

Employer details

Company name		Contact name	
Address			
Post code		Phone	

Certificate of Employer's Liability

Issue by			
Policy number		Expiry date	

Days or hours of work	
Brief description of work involved	

If you are willing to take other students from time to time, please indicate here	
---	--

Subject to a visit by a representative from Richmond EBP, please confirm that your organisation has agreed to offer this student a work experience placement

Name:

Signed: **Date:**

Parent or guardian

As the parent or guardian of the student named above I confirm that I approve this work experience placement. I have informed the employer of any issues that may affect the placement e.g. health conditions, special needs or disabilities

Name:

Signed (parent or guardian): **Date:**