**Work Placement Vetting Request**

**Please complete as many details on this form as possible and post it into the Work Experience Request drop off box in Main Reception or to Mr Cooper in the Quad at lunchtime.**

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| **Person / Organisation Requesting:** |  |
|  |  |
| **Placement Company:** |  |
|  |  |
| **Placement Address:** |  |
|  |  |
| **Placement Tel No:** |  |
|  |  |
| **Placement Email Address:** |  |
|  |  |
| **Placement Contact Name:** |  |
|  |  |
| **Placement Job Title:** |  |
|  |  |
| **Placement Start Date:** |  |
|  |  |
| **Placement End Date:** |  |
|  |  |
| **Student Name:** |  |
|  |  |
| **Student School:** |  |
|  |  |
| **Student Age:** (Tick as appropriate) | **Pre 16** |  | **Post 16** |  |
|  |  |
| **Company ELI Details (if known)****Employers Liability Insurance** **MUST be in place for all placements.** | Insurance Company:Policy No:Expiry Date: |
|  |  |
| **Any further information / comments** |  |