



LEWISHAM WORK EXPERIENCE TEAM

3rd Floor Laurence House, 1 Catford Road, London SE6 4RU
T 020 8314 7921 F 020 8314 3039

Work Experience Own Find Form

Students who have found their own work experience placement should get this form completed by the company/organisation they have found. Please hand the this form into your school as soon as its completed.

The last date forms can be handed in is:

COMPLETE AS MUCH OF THIS FORM AS YOU CAN. THE SHADED SECTION MUST BE COMPLETED.

Student Details (to be completed by student)

Dates of Work Experience: 4th -15th December 2017	
Name of Student:	Date of Birth:
School/College:	Tutor Group:

Employer Details (employer must sign)

Name of company/organisation:	
Position offered:	
Name of person to be contacted:	
Tel No:	Job Title:
Address of Company/Organisation:	
	Postcode:
Email:	
Subject to an acceptance visit by a Lewisham WEX team Representative, please confirm that you have agreed to accept this student by signing below:	
For and on behalf of: (company/organisation)	
Signed:	Name (capitals):
Date:	Tel No:

Placement Details: (To be completed by company/organisation)

Have you already agreed to take a student for the above dates?	Yes / No
Do you have Employers' Liability Insurance?	Yes / No
Have you notified your insurers that a work experience student will be on the premises?	Yes / No
Is anyone working at this organisation related to this student? If yes please give name of this person: If yes in what capacity are they related?	Yes / No

Please give details of your Employer Liability Insurance below:

Name of Insurer:
Policy Number:
Expiry Date:
We regret that only those companies/organisations with Employer Liability cover are eligible for inclusion in the Lewisham Work Experience Scheme.

Job Description (To be completed by company/organisation)

Breakdown of key tasks to be performed by student:
1.
2.
3.
4.
5.

Job Requirements:

Dress Code:
Specific Skills:
Working days and Times: (erg Mon-Fri 9-5pm)
Lunch arrangements:
Travel arrangements:
Any other details:

Section 3 To be completed by parent/guardian I have read the details of the Job Description and am happy for LWEX to pursue this placement for my son/daughter. Signature of Parent/Guardian:	Section 4 To be completed by School Work Experience Coordinator I confirm that the form has been fully and accurately completed. Signature of Work Experience Co-ordinator:
Signed:	Signed:
Date:	Date: