

Work Experience – Own Placement Form

Maiden Erlegh Chiltern Edge 11th -15th May 2020

To the student:

This form should be completed neatly in black ink and **signed** by the person who has offered you the placement. This form **must be completed in full (including contact name, email and postcode*)** and returned by the given deadline for you to proceed with the work experience process.

To the employer:

Thank you for offering to host a student from Maiden Erlegh Chiltern Edge on Work Experience. This form tells the school that you have offered a placement to a student. Please complete the form and sign it, so we know that this is a real placement offer

School/College Name	Maiden Erlegh Chiltern Edge	Work Experience dates	11th – 15th May 2020
Work Experience Co-ordinator's name		School Tel. No.	0118 972 1500
Student Name		Form/Tutor group	

Name of organisation offering placement			
Address		Contact's Name*	
Post Code*		Contact's job title	
Telephone No.		Email address*	
Placement job title and/or description			

Placement Confirmation			
I confirm that the student named above has been offered a placement with me/us for the dates stated. I understand I/we will need Employer Liability Insurance in place for the period the student is with me/us. I understand we may be contacted by OxLEP Skills to discuss the placement in further detail.			
Employer signature		Date	
Employer Name		Employer job title	

STUDENTS TO PLEASE RETURN THIS FORM TO SCHOOL BY 13th DECEMBER 2019