

**OP FORM
YEAR 10 WORK EXPERIENCE 2017**

Student Information:

Forename: _____ Surname: _____ Form: _____

Address: _____

Postcode: _____ Student's Own Mobile Number: _____

Date of birth: _____

Emergency Contact Person: _____

Emergency Telephone Number: _____

Start Date:

12.6.17

End Date:

16.6.17

Dear Employer,

The above student has requested a work experience placement with you for the period indicated.

Work experience is a key feature in the education of every young person. It helps young people to find out about work and employers' requirements, to develop and practice new skills and to plan for the future. We are very grateful to all companies who support our students in this way.

If you are able to offer the above student a placement, please complete the form overleaf and return it to the school. (You are not required to make any payment to the student). You may be contacted before the placement is due to commence when, and if necessary, arrangements will be made for a Health and Safety visit. If you require further information please contact me at school.

Yours faithfully,

Phillippa O'Donnell
Careers Advisor

(Employer to complete the following sections)

Employer: Name of Company:	<input type="text"/>	Contact Person:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Job Title:	<input type="text"/>
Postcode:	<input type="text"/>	Telephone number:	<input type="text"/>

Type of Work : _____
Student will be involved in eg: office/manual/retail.

Any Special Requirements: _____

Do you have Employers' Liability Insurance? (Insurance for employees) _____

If you are a small company or are new to work experience please provide your Employer's Liability Insurance Policy Number and expiry date.

Insurance Company _____

Number _____

Expiry Date _____

Signed: _____

PRINT NAME: _____

DATE: _____