

Work experience student self-placement form

School/college name _____

Student name _____

Year group _____ Form _____

Parent/Carer contact no. _____

Placement dates _____

Health declaration:

In order to ensure that there are no unnecessary risks to the Health & Safety of this student or the Health & Safety of another person, please ensure you make a full disclosure of all existing medical conditions so that the employer can take this into account when allocating the duties to be carried out on placement.

To the student:

As the student named above, I agree to take part in the work experience placement. I agree to hold in confidence any information about the employer's business which I may obtain during the placement, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security, mobile phone use and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Student signature _____ Date _____

To the parent/carers:

As the parent/carers of the student named above, I confirm that I have read and understood this form and agree to them taking part in the placement and understand that they will observe the conditions set out. I confirm the information on this form can be passed to the placement provider where necessary.

Parent/Carer signature: _____ Date _____

Parent/Carer name (please print) _____

To the Employer:

Please attach a copy of your Employers Liability Insurance to this form when you return it to the student. Without employers' liability the placement cannot be authorised. *Public Liability Insurance alone will not suffice.* Information can be found on www.hse.gov.uk

Notify your insurance company when agreeing to a placement to avoid cancellation of the placement later and disappointment for the student.

Employer details:

Business name _____

Placement address & postcode _____

Employer contact name _____

Supervisor name (if different to above) _____

Job title _____

Contact tel. no _____

Email address _____

Employers' Liability Insurance provider _____

Policy No _____

Expiry date _____

Placement details:

Placement job title _____

Main duties _____

Working days _____

Working/break times _____

Lunch arrangements _____

Appropriate clothing _____

Employers: Please make a note of the placement & student details or make a copy of this form for your records. Please return a signed copy of this form to the student, **this confirms you are agreeing to provide a placement to the student named above.**

Students: Please return the completed form to your school/college work experience coordinator as soon as possible.

All reasonable efforts have been made to ensure that the information in this publication was correct at time of going to press (April 2026)

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