

Start date of placement: \_\_\_\_\_ End date of placement: \_\_\_\_\_

# WORK PLACEMENT SUMMARY SHEET



Please indicate programme: TY  LCA  LCVP

Tutor Group: \_\_\_\_\_

A. Student Details	B. Parent/Guardian Details
Student name:	Parent/Guardian name:
Student address:	Parent/Guardian address:
	Parent/Guardian mobile number:
Student has personal accident cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian work number:
Relevant student medical conditions:	

C. School Details	
School name:	School phone number:
School address:	School email:
	Contact person name:
	Contact person work phone number:
	Contact person work email:
School insurance details:	State indemnified.

D. Host Employer Details (to be completed by Host Employer)	
Host employer:	Host employer phone number:
Host employer address:	Contact person name:
	Contact person role:
	Contact person phone number:
	Contact person email:
Host employer insurance details:	The host employer has employer's liability and public liability cover in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The school may request copies of such insurance documentation.</i>

E. Placement Details (to be completed by Host Employer)	
Placement programme:	
Type of work placement:	Hours of work:
Description of tasks to be performed:	

Please confirm that the following documents have been provided to the host employer:

Host Employers Guidance Leaflet  State indemnity Confirmation Statement

Signed: _____ Date: _____ Student	Signed: _____ Date: _____ Parent/Guardian
Signed: _____ Date: _____ School contact person	Signed: _____ Date: _____ On behalf of host employer