

# WORK PLACEMENT SUMMARY SHEET



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 employers liability and public liability cover in place: <input type="checkbox"/> Yes <input type="checkbox"/> No The school may request copies of such insurance documentation.

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: _____ Student	Date: _____
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Signed: _____ Parent/Guardian	Date: _____
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Signed: _____ School contact person	Date: _____
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Signed: _____ On behalf of the Host Employer	Date: _____
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