

Student Name:

Form:

**ERCALL WOOD ACADEMY
WORK EXPERIENCE 2024
OFFER OF PLACEMENT FORM.**

Organisation Name:

Address:

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Contact Name:

Telephone Number:

E-Mail Address:

Approximate number of Employees:

We can offer a Work Experience Placement for one week commencing: **Monday 1st July 2024–
Friday 5th July 2024.**

Type of work Students will undertake:

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Any special arrangements required:

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We confirm that this Company/Organisation has appropriate insurances and arrangements for health & safety and welfare in effect to meet the conditions for approval as a Student Work Experience Placement Provider.

Health and Safety Assessments yes no

Employers Liability Insurance yes no

Signed on behalf of Company:

Date:

**Please return to: Mrs T.J. Hoof. Careers/Work Experience Co-ordinator/Senior Administrator.
Ercall Wood Academy Golf Links Lane, Wellington, Telford, TF1 2DT.**