



WORK EXPERIENCE PLACEMENT OFFER
TO BE COMPLETED BY EMPLOYER OFFERING PLACEMENT

Placement Dates Monday 1 July 2019 to Friday 5 July 2019 inclusive

Student's Name Date of Birth

School Catmose College Oakham Tutor Group

Company Name.....

Employer's Name.....

Contact Name.....

Address.....

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Post Code Telephone No

Email address.....

Placement Job Title.....

Detail of key duties.....

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Working days Hours

Do you have current Employer liability Insurance? YES () NO ()

(Employers will be asked to show a copy of their Employer Liability Insurance certificate)

Signature..... Date

Your position in the company

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Do you already provide a work experience placement YES () NO ()

If yes would this be an additional placement YES () NO ()

If no are you willing to provide placements in the future YES () NO ()