

YEAR 10/12 WORK EXPERIENCE OWN FIND FORM 2025

COMPLETE AS MUCH OF THIS FORM AS YOU CAN.

Student Details (to be completed by the student)

Employer Details (employer must sign)

Dates of Work Experi the 28 th of August	ence: Yr 10 Monday 14 th July-Thurs	day 17th July / Yr 12 Anytime between the 21st of July and
Name of Student:		
Tutor Group:		
Name of company/or	ganisation:	
Full address of where	you will be working including the p	ost code:
Website address:		
Main Tel No:		Company email: Email:
Title of position offer	ed to student:	
Name of main contac	t person:	Direct Tel No: Direct Email:
Who will be supervisi	ng this student (if different from	Direct Tel No:
above)		Direct Email:
Please confirm that y	ou have agreed to accept this stude	nt by signing below:
For and on behalf of:		
(Company/organisati	on)	
Signed:		Name (Capitals):
Date:		Tel No:





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Placement Details (to be completed by the company/organisation)

Do you have Employers' Liability Insurance?	Yes/No
Have you/will you notify your insurers that a work experience student will be on the premises?	Yes/No
Is anyone working at this organisation related to this student? If yes, please give the name of the person and in what capacity.	Yes/No
Please give details of your Employer Liability Insurance belocompanies/organisations that have Employer Liability coverses Name of Insurer:	
Policy Number:	

Job Description (to be completed by the company/organisation)
What key tasks will the student be doing?	



Expiry date:



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Timber Pond Road Rotherhithe London SE16 6AT t: 020 7237 1928 f: 020 7237 4501 e: reception@baconscollege.co.uk



Job Requirements
Dress Code, Skills:
Working hours, Break and Lunch arrangements (timings and location):
Working Environment - Please can you give some idea of the environment(s) the student will be working in
working Livitoninent - Flease can you give some idea of the environment(s) the student will be working in
WORKING ONE-TO-ONE_Will the student be working in isolation with the same person for the majority of their placement, e.g. on the premises, outdoor location, travelling in a vehicle? YES / NO If YES, please give brief details:
DIVICAL CONTACT Will you are any of your ampleyees need to have physical contact with the student either as a
PHYSICAL CONTACT Will you or any of your employees need to have physical contact with the student either as a normal part of the job or as part of any training? YES / NO If YES please give brief details:







PARENT/CARER AGREEMENT and CONSENT – please sign below

I have read the 'Information about the Employer and Placement' and agree to my son/daughter taking up this Work Experience Placement and undertaking the main duties and tasks detailed. I have read the lunch time arrangements for this placement and have discussed suitable arrangements for lunch and break periods with my son/daughter and I am aware that if my son/daughter leaves the employer's premises during lunch or break periods, no liability can be accepted by the employer or the school for any incident that may occur.

Date:

 take part in this Work Experies follow all safety, security and training or as displayed; take reasonable care of my or affected by my actions or om hold in confidence any inform experience placement and no permission. 	other regulations laid down by the employer, either through instruction wn health, safety and welfare and for that of anyone else who may be assistant; nation about the employer's business which I may obtain during this wo be to disclose such information to another person without the employer
Follow the Code of Conduct f	for Use of Social Media and Electronic Devices while on work experience
gnature of Student:	Date:

Name of Work Experience Co-ordinator: Ms Anum/Ms Watson, Email: careers@baconscollege.co.uk



Signature of Parent/Carer:



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