

Own Placement Form

Deadline:



BEP Group
(Business Education Partnership)

1. STUDENT DETAILS

Name:

Address:

Postcode:

Home phone:

Mobile phone:

DOB:

School/College:

Group:

2. PLACEMENT DATES - check and change if required.

Start Date:

Finish Date:

1 Week

2 week block

(If only a 1 Week placement please annotate exact dates above)

3. COMPANY/INSTITUTION DETAILS (ADDRESS OF WHERE STUDENT WILL BE BASED)

Company name:

Address:

Postcode:

Telephone number:

Mobile telephone (if available)

4. PLACEMENT DETAILS (to be completed by employer)

Main contact:

Title Firstname Lastname

Position

Email address

Student supervisor

Title Firstname Lastname

Interviewer

Title Firstname Lastname

Classification / type of business

(eg IT, Journalism, Accountancy, Retail etc.)

Position offered

(eg Clerical, General Assistant, Sales Assistant)

Is this placement definitely agreed?

Yes

No

Does your company already offer placements through BEP Group?

Yes

No

5. EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)

We regret that only those employers with Employer's Liability Insurance are eligible for inclusion in the BEP Group Work Experience Scheme

Insurer:

Policy number:

Expiry date:

6. AGREEMENT BY COMPANY/INSTITUTION

This placement has been agreed on behalf of the above named company / institution

Signed:

Print name:

Date:

7. PARENT/GUARDIAN AGREEMENT TO PLACEMENT

Signature:

Date: