

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: