



Work Experience Private Placement Agreement

(To be completed by the employer)

I agree to provide a placement for _____ (name of student)

Tutor Group: 12__

from **Monday 20th – Friday 24th June 2022** inclusive

Insurance Details: without Employer Liability Insurance a placement cannot commence

	Insurance Company	Expiry Date	Policy Number
Employer Liability			
Public Liability			

Company Name : _____

Placement Address : _____

Post Code : _____

Tel No : _____

Email : _____

Contact Name : _____

Position in Company : _____

Supervisor's Name (if different) : _____

TYPE of WORK + possible Tasks e.g. Office - Spreadsheets, Salon – tidying & greeting clients , Classroom – reading to children, Factory – work shadow + simple manual tasks, Land-based – physical tasks



Working Hours

Students are expected to work a **maximum** of 40 hours per week. They should not start work before 8am or finish later than 7pm.

Please complete the box below to inform the school and students of the hours they are required at the placement.

Day	Working Hours		Break/lunch
	From	To	
Monday			mins
Tuesday			mins
Wednesday			mins
Thursday			mins
Friday			mins
Saturday			mins

Employer Signature : _____ Date : _____

Parent/Carer Signature : _____ Date : _____

We would like to thank you for agreeing to offer our student a placement for their Work Experience. It is such an important aspect of their education; this will help them understand the skills and commitment required in the adult world of work.

All students are expected to adhere to School and Employer COVID guidelines.

If you have any queries please contact the Work Experience Team at West Coventry Academy and we will endeavour to answer your concerns.

West Coventry Academy Work Experience Team

Mrs Chris Day	Careers Advisor	02476426237/07788 406473
Mrs Danae Hamer	Post 16 Study Mentor	02476426227
Mr John Griffin	Post 16 Learning Manager	02476426207