



Work Experience Own Placement Form

St. Aloysius' College
Hornsey Lane London N6 5LY

Work Experience Dates: 10th -21st July.

Work Experience Coordinator: Mr B. Butler

Tel: 020 75617800

Name of Student:	
Relationship to Student:	
Name of Organisation:	
Address of Organisation:	
Telephone Number:	
Email Address:	
Nature of Business:	
Number of employees:	
Name and Job title of contact person:	
Are you able to offer any additional placements:	
Is the placement:	Definite or subject to interview (Please circle)
Hours to be worked:	From: To:
Please list the main tasks the student will undertake:	<ul style="list-style-type: none">•••• <p>Please mention any special circumstances or conditions. Do you consider the environment that the student will be working in to be:</p> <p>Low risk medium risk or high risk (please circle)</p>

Employer's Certificate

We confirm that this organisation has in force current insurance policies for employers and public liability and that we have/will notify our insurers accordingly about the placement. (Please note as a matter of basic principle, employers must notify their insurers the sort of activities which students undertake and should make sure that they obtain from the insurer that the risk has been accepted).

Signed: _____ Position held: _____ Date: _____