

Please return this completed form to Sixth Form Reception

## Huish Episcopi Academy

Wincanton Road, Langport,

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Principal: Mr Andrew Davis



# WORK EXPERIENCE PLACEMENT FORM

PLEASE COMPLETE / ASK EMPLOYERS TO COMPLETE THE FORM BELOW AS FULLY AS POSSIBLE

Name of school: Huish Episcopi Academy		
Name of student		
Dates of placement		
Full name of company providing placement		
Type of business		
Full address (including area and post code)		
Tel No:	Fax No:	Mobile/ No:
e-mail:		
Contact name and position		
What type of work will the pupil be doing?		
Does the company have Employers Liability cover? * Yes/No		
Does the company have Public Liability cover? * Yes/No		
Name of person who made the initial contact with the company? E.g. parent, pupil, teacher		
Student/Parent only: Please now logon the Work Experience Database: <a href="http://ssp.learnaboutwork.net/">http://ssp.learnaboutwork.net/</a> Pin: _____ (see your form tutor)		
Did you find this placement on the Database? Yes: _____ No: _____ (tick as appropriate)		
Number of placement on Work Experience Database: _____		

Signed for school	Position	Date
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**\*The placement will not be approved without this cover**