

# Huish Episcopi Academy

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Principal: Mr Chris Wade



## WORK EXPERIENCE PLACEMENT FORM

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

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

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