

YEAR 10 WORK SHADOWING
Wednesday 4 July and Thursday 5 July

PLACEMENT AGREEMENT FORM

Please complete and return this form to front office by Monday 4 June.

TO BE COMPLETED BY PARENT:			
Name of Student:		Form:	
Name & Address of Work Shadowing Placement:			
Name of Supervisor:		Position:	
Contact Number:		Email Address:	

TO BE COMPLETED BY THE EMPLOYER:			
Position being shadowed:			
Please detail the nature and type of work:			
Employers' Insurance Checklist:			
Please indicate that you hold the relevant up-to-date insurance cover by completing the section below. We must stress that only those employers with Public and Employers' Liability Insurance will be used for this work shadowing programme.			
EMPLOYER'S LIABILITY INSURANCE			
Company:			
Policy No:		Expiry Date:	
PUBLIC LIABILITY INSURANCE			
Company:			
Policy No:		Expiry Date:	
Signed:		Print Name:	
Position:		Date:	