

**Student Own Find Form**  
**Cardinal Pole Catholic School**  
**Work Experience Placement Offer**

I can confirm that my organisation will support the Cardinal Pole Work Experience Programme by providing a placement to a student as specified below.

| <b>Company / Organisation Details</b>          |                     |
|--|---------------------|
| <b>Name of Organisation:</b>                   |                     |
| <b>Name of Contact Person:</b>                 |                     |
| <b>Placement Address:</b>                      |                     |
|  |                     |
| <b>Postcode:</b>                               | <b>Tel:</b>         |
| <b>Fax:</b>                                    | <b>Email:</b>       |
| <b>Employer Liability Insurance Policy No:</b> |                     |
| <b>Name of Insurer:</b>                        | <b>Expiry Date:</b> |

| <b>Placement Details</b>   |
|--|
| <b>Placement Dates: 9<sup>th</sup>-13<sup>th</sup> July 2018</b> |
| <b>Name of Student:</b>  |
| <b>Work Experience Position:</b>                                 |
| <b>Job Description:</b>  |
|  |

**Are you able to offer another placement during these dates? YES / NO**

**Would you consider offering placements to other Cardinal Pole students at another time?**

**YES/NO**

**Declaration**

During the period of work experience, the above-mentioned student will be given meaningful work to carry out and will be properly instructed and supervised, especially with regard to safety at work. I acknowledge our responsibilities under the Health and Safety at Work Act 1974. I can confirm that the student on placement will be insured under our Employer Liability Insurance.

|                |                  |
|----------------|------------------|
| <b>Name:</b>   | <b>Position:</b> |
| <b>Signed:</b> | <b>Date:</b>     |