

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. Please contact Jonathan Howard jonathanhoward@cardinalpole.co.uk should you have any queries regarding the placement. The school will subsequently be in touch to confirm the placement.

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

Placement Details
Placement Dates: 6th-10th July 2026
Name of Student:
Work Experience Position:
Job Description:

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.

Name:	Position:
Signed:	Date: