

**THE LONDON NAUTICAL SCHOOL**

**Year 12 Work Experience**

**Placement Form**

Students should take this form to their proposed placement

**(PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS)**

**The form must be completed by:**

The student

The company/organisation

The parent/guardian

The Head of Year/ CEIAG Lead

Section 1: **To be completed by the Student**

Full Name of Student

Registration Group

Company Name

Company Address

Postcode

Contact Name at

Company

Phone Number

Position/Title

O:\\_General\Office\Work Experience\2014\WE placement form.doc

**For the Company/Organisation:**

**Please complete the details below and keep a copy of this form as confirmation of the work placement arrangement. The London Nautical School will write to you with final confirmation nearer the time. If you have any queries or concerns do not hesitate to contact Miss L Bennett (CEIAG Lead) by email: ceiag@lns.org.uk**

**Thank you for your assistance and support.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Section 2a: To be completed by Company/Organisation** |  |
| Do you have Employers’ Liability Insurance? | YES/NO |
| Are you willing to be visited by LNS Director of Vocational Studies | YES/NO |

Please attach a copy of your insurance with this form; this will prevent delay in authorisation of the placement.

**NB: We regret that only those companies/organisations with Employer Liability cover are eligible for inclusions in this scheme.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2b: To be completed by the Company/Organisation**

Dates: **Monday 13th July 2020 to Friday 17th July 2020 (5 days)**

Work Times: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breakdown of Key Tasks to be performed by Student

**Job Requirements**

Dress Code

Lunch Arrangements

Travel Arrangements

Please confirm that you have agreed to accept this student by signing below:

For and on behalf of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company/Organisation

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3:** **To be completed by Parent/Carer**

I have read the details outlined above and support my son/daughter in their pursuit of a placement.

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: To be completed by Head of Year**

I confirm that the form has been fully and accurately completed

Signature of Head of Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

O:\\_General\Office\Work Experience\2014\WE placement form.doc