

Own Placement Information Form – 2023-24

Please ensure that before submitting the form that the employer has the following Insurance in place; 'Employers Liability Insurance'. Please write clearly.

Student Details

First Name _____

Last Name _____

Employer Details

Company Name _____

Address _____

Town _____

County _____ Postcode _____

Contact Name _____

Landline _____

Mobile _____

E-mail _____

Opportunity Details

Type of Business (i.e. Garage, Accountants)

Description of tasks to be undertaken

THIS FORM NEEDS TO BE RETURNED BY Friday 27th October 2023 (preferably before)