**EMPLOYER’S APPENDIX FORM**

**Work Experience week is 8th to 12th July 2019**

**Deadline for the return of this form to Mrs Haigh: 20th December 2018**

**AS SOON AS YOU HAVE A CONFIRMED WORK EXPERIENCE PLACEMENT, WE NEED THE FOLLOWING INFORMATION REGARDING YOUR EMPLOYER. PLEASE WRITE IN BLACK INK AND BLOCK CAPITALS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **COMPANY CONTACT DETAILS – WHERE YOUR WORK EXPERIENCE IS TAKING PLACE:** | | | |
| Company: ………………………………………………………………………………………………. | | | |
| Company Address: ………………………………………………………………………………………  ………………………………………………………………………………… Postcode: ……………..  Country: …………………… Telephone Number: ……………………........ Fax: Number: …………… | | | |
| Contact Name: Mr/Mrs/Miss/Ms………………………... Position: …………………….……………. | | | Mobile number of Contact / Mentor whilst on Work Experience: ……......................... |
| Email address of contact: ……………………………........... (where you are working) - **required as final documentation will be sent electronically**: | | | |
| Are you related to the contact: Yes/No | Name of person who you arranged this placement with: ………………………………………………......................... | | |
| Name of person who you will be working with: …………………………………………………………. | | | |
| Which department will you be working in? ……………………………………………………………… | | | |
| Type of Work Experience you will be doing: ……………………………………………………………. | | | |
| Start Date: ………………………………………  Day(s) of week working ……………………….. | | End Date: ………………………………………  Times working: ……………………………….. | |
| **IF CONTACT DETAILS OF WHO YOU ARRANGED THE PLACEMENT WITH ARE DIFFERENT TO THE ABOVE:**  Placement Contact Name: ………………………… Placement Telephone Number: ………………......  Placement Mobile number of Contact: .............................................  Placement Company Name: ……………………………………... Placement Postcode: ………………  Placement Address: …………………………………………….....……………………………………. | | | |
| Placement Contact Email address –…….......................................................... | | | |
| Please check the Company has the following insurance cover Yes/No   * Employer Liability and (Employer’s must have this otherwise the placement cannot go ahead) * Public Liability Insurance   The Careers Service will do a Health and Safety check before they give their approval to this placement – this process may take up to 12 weeks  **For placements out of West Yorkshire** - you must obtain a copy of the Employer’s Liability Insurance Certificate or the following details: (i) Insurance Company Name (ii) Policy Number (iii) Expiry Date. The organisations contacted by C&K Careers to do Health and Safety checks, will no longer process your placements unless they are provided with the above details. | | | |

**STUDENT NAME: ………………………… FORM: ……………… DATE: ……………………….**