**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**

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| 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: ……………………….**