**EMPLOYER’S APPENDIX FORM**

**BRIDGING GROUP – EXTERNAL EXTENDED WORK EXPERIENCE**

**EVERY TUESDAY ALL DAY FROM**

**5TH MARCH TO 2ND APRIL 2019 (5 WEEKS)**

**AS SOON AS YOUR WORK PLACEMENT IS ARRANGED, WE NEED THE FOLLOWING INFORMATION REGARDING YOUR EMPLOYER. PLEASE WRITE IN BLACK INK AND BLOCK CAPITALS**

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| **PLACEMENT DETAILS:** | |
| Company: ………………………………………………………………………………………………. | |
| Company Address: ……………………………………………………………………………………..  ………………………………………………………………………………… Postcode: …………….  Telephone: …………………………..............  Contact: Mr/Mrs/Miss/Ms………… Forename:…………………….. Surname ………………………  Position: …………………….……………… Direct Mobile: ………..……………………………...  Name and Address of Placement if different from above: ……………………………………………... …………………………………………………………………………………………………………... | |
| Contact Email: (**required as all documentation will be sent electronically**): ……………….................................................... Are you related to the contact: Yes/No | |
| Forename and Surname of person who you arranged this placement with if different from the Contact: ………………………………………………… | |
| Which department will you be working in? …………………………………………………………… | |
| Type of Work Experience you will be doing: ……………………………………………………….. | |
| Forename and Surname of person who you will be working with: ………………………………………..  Mobile number of mentor whilst on placement: …………………………………….................... | |
| Start Date: ………………………………………  Day(s) of week working ……………………….. | End Date: ………………………………………  Times working: ……………………………….. |
| 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: ……………………….. *DEADLINE FOR RETURN 30TH NOVEMBER 2018***