



LEWISHAM WORK EXPERIENCE TEAM

3rd Floor Laurence House, 1 Catford Road, London SE6 4RU
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Year 10 Work Experience Own Find Form

Students who have found their own work experience placement are required to get this form completed by the company/organisation they have found.

The last date forms can be handed in is: **14 March 2019**

COMPLETE AS MUCH OF THIS FORM AS YOU CAN. THE SHADED SECTION MUST BE COMPLETED.

Student Details (to be completed by student)

Dates of Work Experience: Monday 01 to Friday 12 July 2019 (Year 10)	
Name of Student:	Date of Birth:
School/College: Sydenham School	Tutor Group:

Employer Details (employer must sign)

Name of Company/Organisation:	
Address of Company/Organisation:	
Postcode:	Website:
Main Tel No:	Company Email:
Position offered:	
Who should we send correspondence to:	Direct Tel No: Direct Email:
Who will be supervising this student (if different from above)	Direct Tel No: Direct Email:
Subject to an acceptance visit by a Lewisham WEX team Representative, please confirm that you have agreed to accept this student by signing below:	
For and on behalf of: (company/organisation)	
Signed:	Name (capitals):
Date:	Tel No:

Placement Details: (To be completed by company/organisation)

Have you already agreed to take a student for the above dates?	Yes / No
Do you have Employers' Liability Insurance?	Yes / No
Have you notified your insurers that a work experience student will be on the premises?	Yes / No
Is anyone working at this organisation related to this student? If yes please give name of this person: If yes in what capacity are they related?	Yes / No

Please give details of your Employer Liability Insurance below:

Name of Insurer:
Policy Number:
Expiry Date:
We regret that only those companies/organisations with Employer Liability cover are eligible for inclusion in the Lewisham Work Experience Scheme.

Job Description (To be completed by company/organisation)

Breakdown of key tasks to be performed by student:
1.
2.
3.
4.
5.

Job Requirements:

Dress code:
Specific skills:
Working days and times: (e.g. Mon-Fri 9-5pm)
Lunch arrangements:
Travel arrangements:
Any other details:

This section to be completed by Sydenham School Work Experience Coordinator

I confirm that the form has been fully and accurately completed.

Name of Work Experience Co-ordinator: Mrs Fiona Taylor tel.020 8699 6731 x 442 Room S.2.016
f.taylor@sydenham.lewisham.sch.uk

Signed:	Fiona Taylor
Date:	