



## LEWISHAM WORK EXPERIENCE TEAM

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### 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: **13 March 2017**

**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:	
<b>Monday 26 June to Friday 7 July 2017</b>	
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:
<b>We regret that only those companies/organisations with Employer Liability cover are eligible for inclusion in the Lewisham Work Experience Scheme.</b>

**Job Description (To be completed by company/organisation)**

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

**Job Requirements:**

Dress Code:
Specific Skills:
Working days and Times: (erg Mon-Fri 9-5pm)
Lunch arrangements:
Travel arrangements:
Any other details:

**This section to be completed by 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

**Signed:**

**Date:**