inspire! Education Business Partnership

Student Own Find Form
Stoke Newington School: 13 – 24 March 2017

Form Submission Deadline: 7 December 2016

I can confirm that my organisation will support the Inspire Two Week Work Experience Programme by providing a placement to a Hackney student as specified below.

Company Details	
Name of Organisation:	
Name of Contact Person:	
Address of placement:	
Postcode:	**Tel:**
Fax:	**Email:**
Employer Liability Insurance Policy No:	
Insurer's Name:	**Expiry Date:**

Placement Details	
Placement Dates: Monday 13 March – Friday 24 March 2017	
Name of Student:	**Tutor Group:**
Work Experience Position:	
Job Description:	

Declaration

During the period of work experience, the above-mentioned student will be given meaningful work to carry out and will be properly instructed and supervised, especially with regard to safety at work. I acknowledge our responsibilities under the Health and Safety at Work Act 1974. I can confirm that the student on placement will be insured under our Employer Liability Insurance.

Name:	**Position:**
Signed:	**Date:**

Would you consider offering placements to other Hackney students?

YES / NO (please circle)