



**Year 12 - Student Own Find Form**  
**Stoke Newington School: 10<sup>th</sup> - 21<sup>st</sup> July 2017**

I can confirm that my organisation will support the Stoke Newington School & Sixth Form Work Experience Programme by providing a placement to a Hackney student as specified below.

Company / Organisation 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 10 - Friday 21 July 2017	
Name of Student:	Tutor Group:
Work Experience Position:	
Job Description:	

**Form submission deadline: Wednesday 7<sup>th</sup> June 2017**

**Are you able to offer more than one placement during these dates? YES / NO**

**Would you consider offering placements to students in** Y10  Y12

**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: