

**WORK EXPERIENCE
STUDENT OWN PLACEMENT FORM SOP^{14.15}**

This form should be completed neatly in black ink and **signed** by the person who has offered you the placement. This form **must** be completed in full and returned by the given deadline for you to proceed with the work experience process.

School/College Name	GOSFORD HILL SCHOOL	Work Experience dates	11th-15th June 2018
Work Experience co-ordinator Name	Vikki Franklin	School Tel. No.	01865 374971
Student Name		Form/Tutor group	

Name of organisation offering placement			
Address		Contact's Name	
Post Code		Contact's job title	
Telephone No.		Email address	
Placement job title and/or description			
Days/ Hours agreed			

Placement Confirmation			
I confirm that the student named above has been offered a placement with me/us for the dates stated. I understand I/we will need Employer Liability Insurance in place for the period the student is with me/us. I understand we may be contacted by Oxfordshire Work Experience to discuss the placement in further detail.			
Employer signature		Date	
Employer Name		Employer job title	

Employer:

This form tells the school that you have offered a placement to a student. Please complete the form and sign it, so we know that this is a **real** placement offer. Thank you.