

**PLACEMENT AGREEMENT FORM**

 Please return this form to school by **Friday 22<sup>nd</sup> April 2022**
*Achieving together*

<b>School Name</b>	Cliff Park Ormiston Academy
<b>School Contact Names</b>	Mrs Carroll / Mr Sorrento
<b>School Contact Number</b>	01493 660219
<b>Date of Work Shadowing</b>	<b>Wednesday 18<sup>th</sup> May 2022</b>

<b>To be completed by Parent / Carer</b>			
Name of student			
Date of birth		Form	
Name and address of work shadowing placement			
Name of supervisor		Position	
Contact number		Email address	

<b>To be completed by employer</b>	
Position being shadowed	
Please detail the type and nature of the work	

<b>Employers' Insurance Checklist</b>			
Please indicate that you hold the relevant up-to-date insurance cover by completing the section below. We must stress that only those employers with Public and Employers' Liability Insurance will be used for this work shadowing programme.			
<b>EMPLOYERS' LIABILITY INSURANCE</b>			
Company			
Policy number		Expiry date	
<b>PUBLIC LIABILITY INSURANCE</b>			
Company			
Policy number		Expiry date	
Signed		Print date	
Position		Date	

