**Self-Placement Form**

**\*\*\* PLEASE SUBMIT COMPLETED FORM TO THE WORK PLACEMENTS TEAM**

**BEFORE THE DEADLINE DATE\*\*\***

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| **STUDENT DETAILS;** | | | |
| Student Name: |  | | |
| Learner Ref: *(Last 6 Digits from student card)*; |  | Course & Subject: |  |
| **\*\*\* FORM SUBMISSION DEADLINE DATE\*\*\* - Friday 9th June 2023** | | | |
| Home phone number: |  | Mobile phone number: |  |
| Emergency contact person: |  | Emergency phone number: |  |
| Are you fully Covid Vaccinated?: | Yes / No (Please circle) | Do you have a DBS?: | Yes / No (Please circle) |

NB: Please note the above details will be passed onto the placement provider.

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| **WORK PLACEMENT DATE:** | **3RD – 7TH July 2023** |

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| **EMPLOYER DETAILS;** | | | | |
| \*\*\***PLEASE NOTE: Employers MUST have EMPLOYERS LIABILITY INSURANCE**\*\*\* | | | | |
| **Placement Agreed with Employer?;** | | Yes / No (If no, do not complete this form until agreed first) | | |
| **Organisation Name:** |  | | | |
| **Organisation Address:** |  | | | |
| **Contact name:** |  | | **Contact phone number:** |  |
| **Contact email:** |  | | | |
| **Job Title while on placement:** |  | | **Date placement Agreed:** |  |
| **Brief list of duties:** |  | | | |