



## LEWISHAM WORK EXPERIENCE TEAM

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### Work Experience Own Find Form

Students who have found their own work experience placement are required to get this form completed by the company/organisation they have found.

The last date forms can be handed in is: Thursday 22<sup>nd</sup> May 2025

COMPLETE AS MUCH OF THIS FORM AS YOU CAN. THE SHADED SECTION MUST BE COMPLETED.

#### Student Details (to be completed by student)

|   |                |
|---|----------------|
| Dates of Work Experience: 7 <sup>th</sup> to 11 <sup>th</sup> July 2025 |                |
| Name of Student:  | Date of Birth: |
| School/College: St Paul's Academy                                       | Tutor Group:   |

#### Employer Details (employer must sign)

|  |                                 |
|--|---------------------------------|
| Name of company/organisation:  |                                 |
| Address of Company/Organisation:   |                                 |
|  |                                 |
| Postcode:  | Website:                        |
| Main Tel No:   | Company Email:                  |
| Position offered:  |                                 |
| Who should we send correspondence to:  | Direct Tel No:<br>Direct Email: |
| Who will be supervising this student (if different from above)   | Direct Tel No:<br>Direct Email: |
| Subject to an acceptance check by a Lewisham WEX team Representative, please confirm that you have agreed to accept this student by signing below: |                                 |
| For and on behalf of:<br>(company/organisation)  |                                 |
| Signed:  | Name (capitals):                |
| Date:  | Tel No:                         |

#### Placement Details: (To be completed by company/organisation)

|   |          |
|---|----------|
| Have you already agreed to take a student for the above dates?  | Yes / No |
| Do you have Employers' Liability Insurance?   | Yes / No |
| Have you notified your insurers that a work experience student will be on the premises?   | Yes / No |
| Is anyone working at this organisation related to this student?<br>If yes please give name of this person:<br>If yes in what capacity are they related? | Yes / No |

Please give details of your Employer Liability Insurance below:

|   |
|---|
| Name of Insurer:  |
| Policy Number:  |
| Expiry Date:  |
| <b>We regret that only those companies/organisations with Employer Liability cover are eligible for inclusion in the Lewisham Work Experience Scheme.</b> |

**Job Description** (To be completed by company/organisation)

|   |
|---|
| <b>Breakdown of key tasks to be performed by student:</b> |
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |

**Job Requirements:**

|  |
|--|
| Dress Code:                                |
| Specific Skills:                           |
| Working days and Times: (eg Mon-Fri 9-5pm) |
| Lunch arrangements:                        |
| Travel arrangements:                       |
| Any other details:                         |

|   |
|---|
| <b>This section to be completed by School Work Experience Coordinator</b><br>I confirm that the form has been fully and accurately completed. |
| Name of Work Experience Co-ordinator:   |
| <b>Signed:</b>  |
| <b>Date:</b>  |