



LEWISHAM WORK EXPERIENCE TEAM

3rd Floor Laurence House, 1 Catford Road, London SE6 4RU
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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:

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: | |
| Name of Student: | Date of Birth: |
| School/College: | 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: Direct Email: |
| Who will be supervising this student (if different from above) | Direct Tel No: Direct Email: |
| Subject to an acceptance visit by a Lewisham WEX team Representative, please confirm that you have agreed to accept this student by signing below: | |
| For and on behalf of: (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? If yes please give name of this person: If yes in what capacity are they related? | Yes / No |

Please give details of your Employer Liability Insurance below:

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

Job Description (To be completed by company/organisation)

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

Job Requirements:

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

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