**Placement Details Form**

To allow for the Health and Safety/Risk Assessment to take place the following must be completed:

Student Name ………………………………………………………………………………………………..

Tutor Group ………………………………..

 Placement date/s:-……………………………………………………….

**Work Experience Contact Details**

Name of person to contact ………………………………………………………………………………….
(Employer)

Telephone Number/s ……………………………………………………………………………………..

Mobile ……………………………………………………………………………………..

 E-mail Address ……………………………………………………………………………………..

 Name of Company ………………………………………………………………………………………

 Company Address ………………………………………………………………………………………

 (Including postcode) ……………………………………………………………………………………..

 ……………………………………………………………………………………..

 ……………………………………………………………………………………..

 Job Description/Activities ……………………………………………….…………………………………….

 ……………………………………………………………………………………..

 ……………………………………………………………………………………..

 ……………………………………………………………………………………..

 ………………………………………………………………………………………