

# REQUEST FOR WORK EXPERIENCE - PRE-PLACEMENT VETTING INFORMATION

Please complete this form and return it to Dr Farrar by **Monday 22<sup>nd</sup> March**.

## To the Student

It is your responsibility to ensure ALL sections of this form have been completed. If any part is incomplete your application cannot be accepted.

## Message to the employer

If you are reading this message then a student from Pocklington School will have approached you to request a placement. If you are able to offer a placement please complete the 'Employers Details' section below. Within a few weeks you will be contacted by the North Yorkshire Business Education Partnership (NYBEP) who conduct the risk assessment of the placement. Once the risk assessment has successfully been completed the placement can go ahead. Thank you for your help and support.

## **EMPLOYER'S DETAILS**

COMPANY NAME	
ADDRESS	
CONTACT NAME	
EMPLOYER'S SIGNATURE	
DATE	
TELEPHONE/EMAIL	
OCCUPATIONAL AREA TO BE UNDERTAKEN	
START AND END DATES & DAYS	Monday 28 <sup>th</sup> June to Friday 2 <sup>nd</sup> July, 2010

## **STUDENT DETAILS**

NAME	
DOB & AGE	
SCHOOL	Pocklington School
HEALTH/MEDICAL REQUIREMENTS	