

Student information:

Student name	
Form	
Emergency contact name:	
Emergency contact number:	
Please indicate whether you receive Free School Meals	Yes 🗆 No 🗆

Placement contact information:

Name of Company/Organisation of	
confirmed placement	
Placement contact name 1	
(Main contact person)	
Contact 1 – Work phone number:	
Email Address:	
Placement contact name 2	
(Secondary contact person)	
Contact 2 – Work phone number:	
Email Address:	
Placement Address:	
(Where you will be based)	
Has a Pre-Placement meeting/call date	Yes 🗆 No 🗆
been arranged? (if appropriate)	
Has this placement:	Been organised through a family member/friend?
	Been found independently?
	Got Employer Liability Insurance?
	Got more than one person working there? \square

Placement details:

Nature of Work and main work tasks:	

Please return this form to Mrs Newton in the Library ASAP. b.newton@bishopchalloner.bham.sch.uk

Describe (in as much detail as you can) the setting you will be working in:		
e.g. large busy office/shop floor/hospital ward/small lab/various sites in a factory etc.		
Will there be any travelling around as part of your placement?	Yes D No D If yes, please give details:	
	IF yes, Parent/Carer consent is required. Please sign below to consent, but contact Mrs Newton if you do not.	
	Parent/Carer signature	
	Parent/Carer name	
Are there any specific clothing requirements required?	Yes 🗆 No 🗆	
o a staal taa can baata	If yes, please give details:	
e.g. steel toe cap boots Agreed dates and times of placement:	Mon 30/06/25 - Fri 04/07/25 Yes 🗆 No 🗆	
	If no, please state placement dates below:	
	Start time Finish time	
What do you understand the lunchtime arrangements to e?	 Kitchen or canteen available to you on site Shop close by Need to bring a packed lunch Other (please give details below:) 	
Parent/Carer signature	 I have a good understanding of what this placement will consist of and give my consent for my son/daughter to participate in the work experience programme at the company/organisation outlined above. I give my consent for my child to go off site at lunchtime if this is part of the lunchtime arrangement. I am also happy for my contact details to be shared with the placement in case of an emergency. 	
	Relationship to student:	
	Date:	

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