

Queen Elizabeth High School



Work Experience Employer Information

This form must be completed by the employer, not the pupil or Parent/Carer.

BEFORE COMPLETING THIS FORM PLEASE NOTE THAT YOU CANNOT ACCEPT A PUPIL UNLESS YOU SPECIFICALLY HAVE EMPLOYERS LIABILITY INSURANCE IN PLACE. **PLEASE SEND IN A COPY OF YOU EMPLOYERS LIABILITY INSURANCE WITH THESE FORMS.**

Please email the completed form to lisadenton@tcat.school or send a hard copy into the school reception for the attention of Mrs Denton by Friday 14th February 2025

Name of pupil	
Name of company	
Full address including post code	
Telephone number	
Email address	
Person to report to on the first day	
Details type of work experience, daily duties, department etc, is PPE required	
Any other relevant information	

Work Experience Dates	
Working days	Please add the working hours for each day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Meal Arrangements – workplace will provide a meal or packed lunch needed.	
Mealtime allocated	
Suitable clothing e.g. smart office wear, old clothes, sports wear	
Employers contact (please print):	
Employers signature:	Position:
Date:	



QUEEN ELIZABETH
HIGH SCHOOL

