Brymore
experience to last a lifetime

NEW PLACEMENT REQUEST FORM

SCHOOL NAME:	Brymore Academy	**WEX CO-ORDINATOR NAME:**	Harriet Featherstone & Karen Rossiter workexperience@brymoreacademy.co.uk
STUDENT DETAILS:		**COHORT NAME: Year 10 2025**	
First Name:	Surname:	Tutor Group:	
EMPLOYER DETAILS:			
Company Name:	Contact Name:		
Address: Postcode:			
Telephone No:	Mobile/Direct Line:		
Email:	Supervisor:		
PLACEMENT DETAILS:			
From: 29th June	To: 3rd July	Days: Monday-Friday	
Job Title (as it will appear on database):			
Job Description Activities: (please complete as fully as possible as this information will be used to complete the online job description and will help the Risk Assessor when they undertake checks):			
Health & Safety Information that you may have discussed with the employer that our Risk Assessors should know about when undertaking their check:			
Start Time:	Clothing Arrangements:		
Finish Time:	Lunch Arrangements:		
Interview:	Travel Arrangements:		
DOES THE COMPANY HAVE:			
Public Liability Cover: Yes No	**Employers Liability Cover:** Yes No		
I confirm that the employer has been contacted regarding this placement and has agreed to the placement and for a H&S check to be undertaken.	Please tick or write yes to confirm:		
Signed:	Date:		