

Self-Found Work Placement Employer Details

Note: Employers MUST agree to be contacted (either in person or by telephone) by a representative of Education Development Trust Work Related Learning team to complete a Work Place Assessment.

Only employers with Employer's Liability Insurance will be used for Work Experience

Pupil Name	
Company Name	
Company Address including postcode	
Company Website	
Type of Business/Sector	
Main Contact Full Name	
Main Contact Job Title	
Main Contact Phone Number	
Main Contact Email Address	
Employer Liability Insurance details	Insurer: Policy Number: Expiry Date:
Please outline the type of work experience on offer:	
Please confirm dates of placement:	
Name:	Job Title:
Signature:	Date: