

# Work Placement Vetting Request



Please complete as many details on this form as possible and return to Student Services

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Placement Company:

Placement Address:

Placement Tel No:

Placement Email Address:

Placement Contact Name:

Placement Job Title:

Placement Start Date:

Placement End Date:

Student Name:

Student School:

Student Age: (Tick as appropriate)

Pre 16

Post 16

Company ELI Details (if known)

**Employers Liability Insurance  
MUST be in place for all  
placements.**

Insurance Company:

Policy No:

Expiry Date:

Any further information /  
comments