

SELF PLACEMENT FORM 2025/2026

Student - This form is to be taken to the company you wish to work with and be completed by your employer.

Please note you can only find a Self-Placement in Leicestershire and the following areas: Derbyshire, Rugby Nottinghamshire, Lincolnshire and Rutland, Northamptonshire, Atherstone, Nuneaton and Bedworth. Additional charges may be incurred.

Important: students, please note you must complete the front and the back of this form!

Employer – Please complete this form fully and return to the student ASAP.

If you have not previously offered work experience, one of our Employer Assessors will shortly be in touch to arrange a brief meeting to ensure the information held on our database about your organisation is both accurate and satisfactory. Please ensure you provide a valid contact number that you can be reached on during the week between 9am and 5pm.

Insurance – When students are on work experience, they are classed as employees and we ask that you confirm below that you have these insurances otherwise the placement cannot go ahead. The Employer Assessor will need to see the certificates when they visit.

| | | | | | |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Do you have Employers Liability Insurance? | YES | NO | Public Liability Insurance? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

ALL DETAILS ARE TO BE COMPLETED

Student Name Placement dates: **27th April 2026 – 2nd May 2026**

Company/Business Name

Address.....

..... Post Code.....

Phone Number Email

Company Contact Full Name:

Company Contact Position.....

Work Experience Role (e.g. Office Assistant).....

CONTACT SIGNATURE **PRINT NAME** **DATE**

By signing this form, I consent to LEBC holding my personal details for the purposes of arranging this placement. I understand that I can ask for my data to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

TEACHER SIGNATURE **PRINT NAME** **DATE**

Privacy Statement – We like to keep in touch with you about the service in which you are participating and other services we offer to young people. We will never sell your data and we promise to keep your details safe and secure. You can change your mind at any time by emailing contactus@leics-ebc.org.uk For further details on how your data is used and stored, please visit www.leics-ebc.org.uk/privacypolicy

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Male ☐ Female ☐ Other (please specify)

First Name Surname Date of Birth/...../.....

Home Address Postcode

HEALTH: Please indicate any illnesses or other factors that the employer should be made aware of, e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy:

.....

STUDENT PROFILE – FOR TUTOR TO COMPLETE

Does this learner require a higher level of supervision whilst out on placement? **Yes/No**

Has the Designated Senior Person identified this learner as being vulnerable in relation to their work experience placement? **Yes/No**

Please indicate if the learner needs additional support with: *Tick as appropriate*

| | YES | NO |
|--|-----|----|
| Reading | | |
| Understanding and following instructions | | |
| Speaking English (If yes please specify learners first language.....) | | |
| Please circle the relevant code if applicable (more details must be given to LEBC): E - Education, Health and Care Plan N – Monitoring N - No Special Educational Need K - SEN Support SEMH – Social Emotional & Menal Health Need | | |

By signing this form, I consent to LEBC holding my personal details for the purposes of arranging my placement. I understand that I can ask for my data and / or any photographs to be permanently removed from the records following my placement and that to make this request I have to send an email to contactus@leics-ebc.org.uk

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Occasionally LEBC may take photos of students during their work experience placements for use in LEBC promotional material i.e. marketing materials, website, social media, printed materials and press articles etc. By signing this form, you are consenting to LEBC and any third-party partners working on behalf of LEBC to use the images in whatever manner and with whatever effect they may in their absolute discretion think fit.

☐ I have read and understood how my images may be collected and used, I give consent for photographs of me to be taken on work experience. I understand that if consent is withdrawn then any images in use will be removed.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person. The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign. Please can you check that the health information is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

PARENT/LEGALLY RESPONSIBLE PERSON:

Name: _____ Signature _____ Date: _____

LEARNER: I agree to the use of data as described above.

Name: _____ Signature _____ Date: _____