

*All fields must be completed



Wimbledon College

Poetry (Y12) WORK EXPERIENCE AGREEMENT FORM

PLACEMENT DATES: 13th – 17th JULY 2026

| Section A: PUPIL DETAILS (Pupil/parent to complete) | |
|--|--|
| Pupil Name | |
| Tutor Group | |
| Date of Birth | |
| Any access, medical, special needs requirements IF NONE PLEASE WRITE 'NONE' | |

| Section B: PLACEMENT DETAILS (Pupil/parent & employer to complete) | |
|---|--|
| How did pupil find this placement? <i>(Own research, previous school, parent workplace, family/friend contact etc)</i> | |
| Company or Organisation Name | |
| Address | |
| Placement Supervisor <i>(responsible for pupil during placement)</i> | |
| Placement Contact Phone Number | |
| Placement Contact e-mail | |
| Placement Details <i>(Basic work-plan – what will pupil do/experience/learn during the placement)</i> | |
| | |

*All fields must be completed

| Section C: PLACEMENT PROVIDER AGREEMENT, AUTHORISATION & INSURANCE CONFIRMATION (Employer to complete) | |
|--|--|
| Employer Liability Insurance <i>(this covers the PUPIL during the placement)</i> | |
| Name of Insurance Company | |
| Policy Number | |
| Expiry Date | |
| I confirm the pupil will be supervised at all times and there will be no/minimal occasions where the pupil is alone with only one other member of staff. If there is significant 1:1 contact I confirm the staff member has a full DBS. | |
| I agree to the above-named pupil of Wimbledon College working at our (above-named) company or organisation for their work experience placement. | |
| I have set out a job description detailing the sorts of activities and experiences the pupil will be expected to engage in, along with our expectations for the placement. | |
| I confirm that our company or organisation has appropriate insurances in place for the duration of the placement, and that a specific check has been made with the insurers that a school pupil on work experience is covered by those insurances. | |
| I confirm that the pupil will receive appropriate guidance, instruction, supervision & care in terms of Health & Safety & Child Protection. | |
| Signed | |
| Print Name & Position in Organisation | |
| On behalf of <i>(company/org name)</i> | |
| Date | |

| Section D: PARENT/GUARDIAN AGREEMENT & AUTHORISATION (parent to complete) | |
|---|--|
| I am satisfied that the above work experience placement is appropriate for my child and that it provides a safe and adequately-supervised environment. | |
| I have notified the company or organisation of any disability, access, medical or special needs that should be accommodated during the placement, and am satisfied that they will be. | |
| Signed <i>(Parent/Guardian)</i> | |
| Print name | |
| Daytime contact number | |
| Contact email | |
| Date | |