

WORK PLACEMENT CONFIRMATION FORM

Tutor Name
Tutor Email address
Tutor Telephone number

Please ensure the following is completed to provide key details of your placement. **Please note - Employers' Liability Insurance will need to be checked and confirmed prior to starting placement.**

Student Name Course

Registered Company Name							
Line Manager/Supervisor Contact Name							
Contact Number(s)							
Contact email address							
Workplace address							
Postcode							
Name of Insurer for ELI (Employers' Liability Insurance)							
ELI Policy Number						ELI Expiry date	
PLEASE TAKE A PICTURE OF THE EMPLOYERS' LIABILITY INSURANCE CERTIFICATE IF POSSIBLE GET THE EMPLOYERS PERMISSION FIRST							
Placement day(s) - please tick	MON	TUES	WEDS	THURS	FRI	SAT	SUN
Placement hours							
Dates for work placement		Start date:					
		Expected finish:					
Employer Print Name :							
Employer Signature :							
Date:							
OFFICE USE ONLY							
KMC contact made	DATE	NAME			SIGNATURE		
H&S check completed	DATE	NAME			SIGNATURE		