

Dear Employer,

Thank you for accepting _____ as a Work Experience placement.

Work Experience is part of the career education programme at this College. The insurance policy held by the school indemnifies the College automatically against their liability for the participation of students in the Work Experience Programme where the work is of a clerical, office or administrative nature. If the work is likely to contain a manual element then prior approval is required from our insurers. (Please see attached sheet)

In the case of employers who provide opportunities for work experience for our students, they are normally indemnified by their own insurance policies. Our experience in the past has been that insurers make no additional charge for providing cover for such students. However, if an additional charge is levied, the College will reimburse the employer.

Should you require any further information, please contact Mr D. Shaw, Work Experience Coordinator.

_____ Detach and return to College _____
(PLEASE USE CAPITAL LETTERS)

CONFIRMATION OF WORK EXPERIENCE PLACEMENT

I/ we have agreed to a placement for

for _____ days from _____ to _____.

He / she will be engaged in the following duties (headings will suffice)

Signed _____

Date _____

On behalf of _____ (company name)

Telephone _____

Please return to College marking for the attention of Mr D. Shaw, Work Experience Coordinator.