THORNS COLLEGIATE ACADEMY

Work Experience Data Collection Form (Business Copy)

12 – 16 July 2027

Thank you for agreeing to host a work experience placement for one of our students. Please complete the information below which we will then share with a third party who undertakes the statutory health and safety checks on our behalf.

We will be in touch once the check have been undertaken and it has been confirmed that the placement can go ahead. We will also at this stage share any additional information you may require about the student such as any medical conditions or SEND details.

The student will contact you approximately 2 -3 weeks before the placement starts to confirm the final placement arrangements such as their working hours, work wear requirements, lunch arrangements, your mobile phone policy, etc.

Please complete the form attached and return it to the student as soon as possible.

Many thanks

Student Name	Form Group

Business Name

Business Address	Postcode

Point of Contact	
Name	
Phone Number	
E-mail address	

Nature of Business

Description of duties

Working Hours

Employer Liability Insurance details	
Name of Insurance Company	
Policy Number	
Expiry Date	