



Finham Park 2 Work Experience 1st-5th July 2019

PRIVATE PLACEMENT DETAILS FORM

Student Name	
Year Group	
Mentor Group	

PLACEMENT DETAILS

Company Name	
Company Address	
Contact	
Tel No	
Email address	
Type of Placement	

COMPANY INSURANCE DETAILS

Employer Liability Insurance (please include insurance company name, policy number and renewal date)	
Public Liability Insurance (please include insurance company name, policy number and renewal date)	