

HaileyburyTurnford

PLACEMENT AGREEMENT FORM

Please return this form to your Form Tutor, Miss Robinson or Miss Kaposi in the Y10 pastoral office by Monday 13th June 2022.

School Name	Haileybury Turnford School, Mill Lane, Cheshunt, EN8 0JU
School Contact Name	Mr E Macaulay
School Contact Number	01992 308333 x 300
Date of Work Shadowing	Monday 18 th & Tuesday 19 th July

To be completed by parent			
Name of student			
Date of birth		Form	
Name and address of work shadowing placement			
Name of supervisor		Position	
Contact number		Email address	

To be completed by employer			
Position being shadowed			
Please detail the type and nature of the work			
Employer's Insurance Checklist Please indicate that you hold the relevant up-to-date insurance cover by completing the section below. We must stress that only those employers with Public and Employers' Liability Insurance will be used for this work shadowing programme.			
EMPLOYER'S PUBLIC LIABILITY INSURANCE			
Company			
Policy number		Expiry date	
PUBLIC LIABILITY INSURANCE			
Company			
Policy number		Expiry date	
Signed		Print date	
Position		Date	