

STUDENT PLACEMENTS – APPLICATION FORM

Where did you hear about us

Company Name	
Registered Company Number	
Company Address	
Location of Work (if different to the above)	
Line Manager Name	
Contact Telephone Number	
Contact Email Address	
Placement Title	
Number of roles available	
Is the placement paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are expenses (lunch/travel) paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select your preferred start date for the role	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>
Are you able to provide appropriate office premises where the placement can take place and which is compliant with current Health and Safety legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/> NB: Home office premises are not considered an appropriate work location for placement students.
Please confirm that you hold Employers Liability insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm that you will provide feedback to UEL with regards to any candidates your organisation interviews and takes on for placement opportunities.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that the information provided is factually correct and that I am able to comply with all expectations set out in the above eligibility criteria.

Name:

Signature:

Date:

STUDENT PLACEMENTS – ROLE DESCRIPTION

Please Provide details of the placement/s offered below:

Job Description / Tasks

Person Specification

Required technical skills/Qualifications