



WORK PLACEMENT DETAILS

Name		Student mobile number	
Student email address			
Workplace name and address			
Contact person at workplace		Workplace phone no.	
Dates of placement			
Start time		Finishing time	
Type of clothes to wear			
Student has access to a Safety Statement and Risk Assessments		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety Induction to take place		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment (PPE) required		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exclusions of Allianz policy DNRPL3748644 complied with		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		Company/organization stamp	
Position			