Your name

Suggested template letter to an employer requesting a work experience placement

Home address 1

Home address 2

Postcode

Telephone

Contact name (HR Manager, Recruitment Manager or Manager)

Company Address line 1

Company Address line 2

Postcode

Date

Dear Name or Sir/Madam,

I am a student from [School name]. I will be completing my work experience from [start date] to [end date] and have chosen to find my own placement. I am hoping that you are able to offer me a placement within your company/organisation.

The reason why I would like to complete my placement at (company name) is (Explain why you have chosen to write to them e.g. I am interested in finding out more about….. or I would like to gain experience in….. )

If you are able to offer me a placement you must be willing for a representative of Spark! to visit the premises where I will be working to confirm the details of the placement and have you sign a Letter of Agreement. You most also hold Employers Liability Insurance. Spark! (formerly Hounslow Education Business Partnership) are working with my school to organise my placement. For more information about Spark! visit [www.sparklondon.org](http://www.sparklondon.org)

My CV is enclosed. Please do telephone me if you have any queries. I thank you for your support in considering giving me workplace experience and look forward to receiving the Host Employer’s form back from you as soon as possible if you are able to help.

I look forward to hearing from you.

Yours faithfully or Yours sincerely (if you know the person's name)

*(sign here)*

Your name

**Don’t forget:**

* Presentation of the letter is very important
* Double check your spellings – especially things that do not show up on spell check e.g. names and addresses
* Get someone to proof read your letter before you send it
* Do not just copy the letter – use your OWN WORDS and fonts



**Own-found work placement form**

**COMPLETE, SIGN & RETURN NOT LESS THAN 10-12 WEEKS BEFORE THE WORK EXPERIENCE START DATE TO YOUR SCHOOL WORK EXPERIENCE CO-ORDINATOR.**

**SECTION 1: TO BE COMPLETED BY THE STUDENT**

Please inform your contact that work placements are typically for 1-2 weeks and unpaid.

**Work Experience Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Carer Emergency Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** 🞏Male 🞏 Female

**SECTION 2: TO BE COMPLETED BY THE EMPLOYER**

Please complete clearly and in full to aid contact and preparation of paperwork. Employers MUST agree to be visited by Spark! to undertake the Health and Safety and Risk Assessment visit for the school. Only employers with Employer’s Liability Insurance will be used for Work Placements.

**Contact name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employers Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a sole trader?** 🞏 Yes 🞏 No **If ‘no’, number of employees?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hold Employer’s Liability Insurance?** 🞏 Yes 🞏 No

**Name of Employer’s liability Insurance company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiry date:** dd/mm/yyyy

**Do you have written health & safety policy?** Required 5 or more employed staff. 🞏 Yes 🞏 No

**Student’s role title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give an outline of the work experience tasks being offered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start date – Finish date:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working days:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Working hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you already part of a centrally organised Work Experience scheme?** 🞏 Yes 🞏 No

**If yes, please state the name of the scheme:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you know the student?** 🞏 Relative 🞏 Family friend 🞏 New contact

**RISK ASSESSMENT:** Required in accordance with the Health & Safety (Young Persons) Regulations 1997 and Management of Heath and Safety at Work .

|  |  |
| --- | --- |
| **Significant Hazards** | ***Control Measures – to minimise the risks*** |
|  |  |
|  | *Continue overleaf if required…*tinue overlead  |

**EMPLOYER** – Please confirm you have agreed to this placement with the student by signing below.

As the employer, we have undertaken a risk assessment for the tasks the Work Experience student will be involved in and have taken into account the lack of experience, awareness and maturity of the student(s) concerned.

**Signature:** …………………………………… **Date:** ……………………………………….……

**Name:** ………………………………………… **Position:** ………………………………...………