

NEW PLACEMENT REQUEST FORM

First Name:		Surname:		AM Group:	
EMPLOYER DETAILS:					
Company Name:			Contact Name:		
Address:					
Postcode:					
Telephone No:			Mobile/Direct Line:		
Email:			Supervisor:		
PLACEMENT DETAILS:					
From: Monday 7 July 2014		To: Friday 11 July 2014		Days: Monday - Friday	
Job Title (as it will appear on database):					
Job Description Activities: (please complete as fully as possible as this information will be used to complete the online job description and will help the Risk Assessor when they undertake checks):					
Health & Safety Information that you may have discussed with the employer that our Risk Assessors should know about when undertaking their visit:					
Start Time:		Clothing Arrangements:			
Finish Time:		Lunch Arrangements:			
Interview:		Travel Arrangements:			
DOES THE COMPANY HAVE:					
Public Liability Cover:		Yes	No	Employers Liability Cover:	
				Yes	No
I confirm that the employer has been contacted regarding this placement and has agreed to the placement and for a H&S visit to be undertaken.			Please tick or write yes to confirm:		
Signed:				Date:	

Upon completion please return this form to Mrs Gould as soon as possible. In order for South Somerset Partnership to be able to approve the placement in time, please complete all sections of the form fully.