

The Employability Partnership Ltd

5 Pieces Lane

Waterbeach

Cambridge

CB25 9NF

Tel: 01223 650024

Email: enquiries@employabilityps.co.uk

OUT OF COUNTY REQUEST FOR ASSESSMENT OF A WORK EXPERIENCE PLACEMENT

RED TO BE COMPLETED BY REQUESTING AGENCY

|  |  |  |
| --- | --- | --- |
| Employer’s Name | *Info required* | |
| Address | *Info required* | |
| Contact’s Name/Position | *Info required* | |
| Telephone No | *Info required* | |
| Contact’s Email Address | *Info required* | |
| Placement Description | *Info required* | |
| Work Experience Dates | *Info required* | |
| Name of Student/School | *Info required* | |
| Request made by | *Name of requesting agency & email address, telephone no of requesting agency rep* | |
| Employer’s Liability Insurance details (of the company to be checked) | *This must be provided before we will proceed* | |
|  |  | |
| Agency Contacted | TEP (Cambridgeshire) | |
| Telephone No | 01223 650024 | |
| Contact Name | Rachel Evans – email enquiries@employabilityps.co.uk | |
| Date of contact | *Insert date that this request is submitted* | |
| Do you agree to pay £60.00 for a visit and £25.00 for a dbase check? | Yes (please tick) | No (Please tick) |
| Invoicing Details (Name, email and address for invoice to be sent) |  | |