Education Department

The Trident Office PO Box 142

Highlands Campus St Saviour JE4 8QJ

Tel: 449431

Email: trident@gov.je



TRIDENT OWN PLACEMENT FORM

STUDENT:	
Name:	School:
DOB:	Form:
Dates of work experience: .	
Important: The job must not already be in the scheme and you will not be permitted to work with close relatives. The selection form must be completed and 6 additional choices need to be made from WebView.	
EMPLOYER:	
Department and has the respon- arrange a visit to discuss the pla to ask first, then please contact	ork experience scheme for the Island's secondary schools on behalf of the Education bility of endorsing all placements. A member of the Trident team will contact you, and ement, insurance and Health & Safety issues. If you have any questions you would like the Trident Office on 449431. Please note: This job cannot already be in the Trident exmitted to work with close relatives.
Name of Organisation:	
Address:	
	Postcode:
Tel:	Email:
Name:	Signature:
Position:	Date agreed
Work Experience Details:	
•	
Working days & hours (stude	nts will be required to do a full-time work)
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	d Trident will provide safety boots, please give details of any other required items and if
•	r or student)
	Position:
PARENT / GUARDIAN:	
I agree that my son/daugh	ter may be placed for work experience with the above organisation.
	Signed:

Data Protection (Jersey) Law 2005 The information provided by you on this form is required for the purpose of organising Trident work experience and will be held by the Education Department. The information given will be disclosed to placement providers to ensure, as is reasonably practicable, that your health, safety and welfare are safeguarded. Information provided will also be used to monitor/develop the scheme.