

Engage Partnership Work Placement Description Form

Name of Organisation:			
Department:			
Contact Name:			
Job Title:			
Contact Number:			
Contact E-mail:			
Work Placement Position:			
Placement Address:			
Will the placement lead to permanent employment if the candidate is successful?	YES	NO	Possibly (Please give details)
Name of person managing the placement candidate:			
Job Title:			
Position Start Date:		Position End Date:	
Description of the role			
Key Tasks:			

Skills Required:

Working Hours:

Training Available:

Legitimate restrictions to job role:

I agree that the above statements are true and give permission for the Engage Partnership to use the above information for circulation to its members

Signed.....

Name.....

Date.....

PLEASE NOTE. This position will be open to all member organisations of Engage in Brighton & Hove and will therefore be filled by first appropriate member to respond. Once the candidate is in position, please contact the referral organisation immediately if there are any queries or concerns.

Thank you for taking part in this project and for giving someone an opportunity to work within your organisation

Once completed, please email to claire.mitchell@engagesolutions.org.uk

Please contact Claire Mitchell on 07812 177427 if you require any further information or have any queries. Thank you