

**Own contacts / Self placements**

It is imperative that the company named below has up-to-date Employer Liability Insurance.

Placements will not be authorised without ELI.

**Student Name:**

.....

**Name and address of Organisation:**

.....  
.....

**POSTCODE:**

.....

**Telephone Number:**

.....

**Name of Contact:**

.....

**Email Address for the company / contact:**

.....

**Job role offered by the company:**

.....

**Name of Insurance Company:**

.....

**Employer Liability Policy Number:**

.....

**Expiry Date:**

.....

**Signature of Contact:**

.....

**Position:**

.....

**Date:**

.....