**London Councils ESF 2014-20 Programme**

**Work or Volunteering Placement Evidence Form**

|  |
| --- |
| **1. Participant and project details** |
| Provider name |  |
| Project name  |  |
| Project ID |  |
| Participant name  |  |
| Participant ID |  |
|  |
| **2. Placement details** |
| Start date of placement |  |
| Job title/volunteering role |  |
| Name of employer |  |
| Address |  |
| Telephone |  |
|  |
| **3. To be completed by the placement**  |
| What were the aims and objectives of the placement? |
|  |
| What were the tasks and duties undertaken as part of the placement? |
|  |
| What support and training were provided during the placement? |
|  |
| Will the participant receive a reference? | [ ]  Yes [ ]  No |

|  |
| --- |
| **4. To be completed by the participant** |
| What did you achieve from the placement? |
|  |
| What challenges did you encounter on your placement? |
|  |
| What have you learnt from the placement? |
|  |
| Participant signature |  |
| Date of signature |  |
|  |
| **5.** **Placement Confirmation** |
| I confirm that the information above is correct and the participant has completed a minimum of 30 hours Work or Volunteering Placement as evidenced in the attached placement log. |
| Signed |  | **Company Stamp** |
| Name |  |
| Job Title |  |
| Telephone |  |
| Email  |  |
| Date of signature |  |

**Notes for Employer and Partner**

All sections of this form should be completed in full

This template should either be:

1. printed onto the organisations headed paper
2. pasted within an email, from the relevant employer
3. an organisation stamp added to this template signed and dated by the signatory.

**Work or Volunteering Placement log**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider name |  | Project name |  |
| Project ID |  | Participant name |  |
| Participant ID |  |  |

|  |  |  |
| --- | --- | --- |
| Date | Hours | Description of duties undertaken |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Placement Confirmation** |
| I confirm that the information above is correct and the participant has completed a minimum of 30 hours Work or Volunteering Placement. |
| Line Manager’s Signature |  | Date |  |
| Name |  | Total Hours Completed |  |
| Job Title |  |  |  |