**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 (wet signature) | |  | | Date (wet ink) |  |
| Name | |  | | Total Hours Completed |  |
| Job Title | |  | |  |  |