

WORK EXPERIENCE STUDENT PLACEMENT FORM

Please return this completed form to your tutor asap. This form must be completed IN FULL – any missing information will result in the form being passed back to you for full completion.

Student Details

Name of Student:	Date of Birth:
School/College:	Year Group / Tutor Group:

Employer Details

Name of Company/Organisation:	
Type of Company eg: Engineering/Architects	
Position Offered:	
Name of Person to be contacted:	
Tel No:	Job Title:
Email:	
Address of Company/Organisation:	
	Postcode:

Additional Details

I have contacted this employer about the placement and they have confirmed they are able to host me as a work experience student: Yes/No
I have attended an interview: Yes/No/Not required
My placement dates are different to the standard Monday 29 th June – Friday 3 rd July 2020 dates: Yes/No If YES – the dates of my placement are:
Do you already hold a part time paid position within this company? Yes/No
Is this placement linked to your future career aspirations? Yes/No

Parent/Carer: As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person.

I confirm that my child will be able to travel to his/her work placement.

Signed:

Parent/Carer Name:

Email:

Tel No: