



18 January 2017

YEAR 10 WORK EXPERIENCE PLACEMENT FORM

Please return this form to **FORM TUTORS** by **FRIDAY 10 MARCH 2017**

IMPORTANT

Students are not paid for their work experience. Companies are not expected to provide insurance for students.

STUDENT NAME

FORM

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COMPANY NAME

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TYPE OF COMPANY

For example, engineering, fashion, retail, or hospitality

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NAME OF CONTACT PERSON

Individual who works for the company who can be contacted by our school to arrange the placement

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COMPANY ADDRESS

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CONTACT EMAIL ADDRESS

CONTACT TELEPHONE NUMBER

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ADDITIONAL INFORMATION

If you have any important additional information about the work experience placement, please state below.

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We are aware that some students may complete work for companies where English is not the first language. **If the contact person named above does not speak English, please state their first language below.**

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