**Y10 WORK EXPERIENCE PLACEMENT FORM 15-19TH JULY 2024**

Complete and return to school by **31st January 2024**

**NAME OF STUDENT................................................................. FORM……………...........**

My child has arranged a one‐week work experience placement in the local area for

**Monday, 15th-19th July 2024.**

This has been confirmed with the employer and they are aware someone will be contacting them to discuss the placement.

**PLEASE COMPLETE AND RETURN TO YOUR CHILDS FORM TUTOR BY 31st JANUARY 2024**

**EMPLOYER INFORMATION**

Company name: ………………………………………………………………….…….…………………………..………….………………………..

Address: …………………………………………………………………………………….…………..…………..………………………………………

……………………………………………………………………………………………… Postcode: ………………………………………………….

Contact name - the person this placement has been agreed with: ………………..…………………......................

Their contact number: ……………………………………………………………………………………………….……….…......................

Their email: …………………………………………..........................................................................................................

**WORK EXPERIENCE PLACEMENT INFORMATION**

Contact name on arrival: ……………………………………………………………………

Days and Hours of Work (are you closed any days?): …………………………………………………………………………………..

Dress code: ………………………………………………………………………………………………………………………………………………….

Lunch facilities ………………………………………………………………………………………………………………………………………….….

Type & Title of Work Experience Placement: …………………………………………………..………….……………………………….

**NOTE: If the work placement is not for the full week students must come into school.**

*IMPORTANT: Is this placement with a family member?* ***YES******NO***

If yes, relationship to student (mother/father/grandparent etc):..…………………………….…………………….………...

**MEDICAL CONDITIONS AND/OR SEND NEEDS TO BE DISCLOSED TO THE EMPLOYER**

***Please ensure any relevant medical conditions, additional need requirements or any other concerns that may affect your child’s time on placement are discussed with the employer and please inform them that our Health & Safety partner, Tailored Education, will be in touch with them to discuss insurance and H&S checks.***

***Will you be declaring any medical conditions/SEND needs? YES NO***

***(****if yes, a member of our careers team will contact you****)***

**Print name of Parent/Guardian) …………………………………………………………………………………………**

**Signed (parent/guardian) ……………................................................................... Date……………………….……**