

Work Experience - Placement Details

Student Name _____

Course Code _____

Hours required _____

Name of Business _____

Confirmed business has Employees Liability Insurance? Yes ☐ No ☐

Contact Name _____

Business Address _____

Telephone _____

Email _____

Proposed dates of
placement //

Please hand this to your **Instructor** in your timetabled tutorial slot or in the office on one of your timetabled days. This must be completed and handed in before **01 October 2022** (although your hours may not start until later in the year).