

WORK EXPERIENCE INFORMATION

Contact businesses to discuss work placement opportunities. This is better face-to-face as businesses will get lots of requests from a variety of students. We want you to stand out!

Student to complete:

Student name & course	
Name of work experience provider	
Address of work experience provider	
Name of contact person at the work experience provider	
Email address of contact person	
Telephone number of contact person	
Do you have any additional or medical needs?	

You must not start your placement until you get consent from parent/guardian and confirmation from the work experience team. If you complete any hours before you receive confirmation, they will not count.

Parent/Guardian to complete:

Emergency contact name & number of Parent/Guardian	
Email address of Parent/Guardian	

I give consent for the above named person to undertake this work experience and other subsequent placements.

Parent/Guardian Name:

Signature: