**Students & Parents Work Experience Form**

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| --- | --- |
| Work placement dates: |  |
| Student’s Name |  | Tutor Group: |  |
| Age during the placement: |  |
| Company Name: |  |
| Company Address: |  |
| Company Telephone Number: |  | Postcode: |  |
| Contact Email Address: |  |
| Is student to be located at this address? |  |
| If no, please provide relevant details: |  |
| Placement title: |  |
| Name of contact: |  | Position held: |  |
| General duties to be carried out by student: |  |

Please turn over for authorisation

**To Parent/Carer:**

As the parent /carer of the student named above, I confirm that I have read and understood this form and the guidance provided and I agree to my son/daughter taking part in this work experience opportunity

Parent/Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to Mrs Steph Self***

***once the placement is confirmed.***

