**Students & Parents Work Experience Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  | | | |

**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 Claire Townly***

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