

To be returned to reception by 26th April 2019



**I HAVE CONTACTED THE COMPANY BELOW AND THEY HAVE
AGREED TO ACCEPT ME ON WORK EXPERIENCE
15th – 19th July 2019**

Students Name: _____ Tutor: _____

Company Name: _____

Contact Name at Company: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Hours: _____ Lunch: _____

Required to attend interview prior to placement: Yes/No

Dress Code: _____

Job Title: _____

Brief Description of what duties will include: _____

Any medical conditions we will need to make Employer aware of: _____

Once we have received these details we will contact the company direct to provide/obtain any further details and complete all relevant paperwork/checks.

Employers must have Employers Liability Insurance to be able to offer a work experience placement.