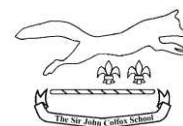


YEAR 10 WORK EXPERIENCE 2019



Selection Approval Form return by Friday 2nd November

Research your placement thoroughly, complete the form and return via Student Reception. This form is to notify us of your choice.

Dates of Work Experience: Monday 18th March – Friday 22nd March 2019		
First Name:	Surname:	
Tutor Group:	Tutor Name:	
Section A: PLACEMENT FROM DATABASE		
Company Name <small>e.g. Bridport Sports Ltd</small>	Job Title <small>e.g. Shop Assistant</small>	Job Number <small>e.g. 4592</small>
1 st		
2 nd		
3 rd		
If you have a contact or the employer has agreed to the placement, please give brief details:		
SECTION B: PLACEMENT <u>NOT</u> ON DATABASE		
Only complete this section if organising your own placement		
I have been accepted by the employer for this placement <input type="checkbox"/>		I have attached written acceptance <input type="checkbox"/>
They have Employer Liability Insurance <input type="checkbox"/>	Policy Number:	Expiry Date:
Name of Insurance Company:		
Company Name:		
Address:		
Name of Contact at Placement:		Contact's Job Title:
Mobile No:	Tel:	Email:
Placement job title and brief job details/duties etc.		
SECTION C: ADDITIONAL INFORMATION		
Give details of any medical conditions that may affect you in your work placement:		
Give details of part time employment or any relevant work experience you have:		

Approved by Parent Date