

Student name

## **Confirmation of Work Experience Year 12 - June 2026**

For office use only:

Date form handed in

## **Student information:**

Form	
Student Date of Birth	
Emergency contact name:	
Emergency contact number:	
Please indicate whether you receive either of the following?	16-19 Bursary □ Free School Meals □
Placeme	ent contact information:
Name of Company/Organisation of confirmed placement	
Placement contact name 1 (Main contact person)	
Contact 1 – Work phone number: Email Address:	
Placement contact name 2 (Secondary contact person)	
Contact 2 – Work phone number: Email Address:	
Placement Address: (Where you will be based)	
Has a Pre-Placement meeting/call date been arranged? (if appropriate)	Yes   No
Has this placement:	Been organised through a family member/friend? □  Been found independently? □  Got Employer Liability Insurance? □  Got more than one person working there? □

## **Placement details:**

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Nature of Work and main work tasks:	
Describe (in as much detail as you can) the setting you will be working in: e.g. large busy office/shop floor/hospital ward/small lab/various sites in a factory etc.	
Will there be any travelling around as part of your placement?	Yes   No
	If yes, please give details:
	IF yes, Parent/Carer consent is required. Please sign below to consent but contact Miss Jacques if you do not.
	Parent/Carer signature
	Parent/Carer name
Are there any specific clothing requirements required?	Yes  No  If yes, please give details:
e.g. steel toe cap boots	
Agreed dates and times of placement:	Mon 07/07/25 - Fri 11/07/25 Yes □ No □  If no, please state placement dates below:
	Start time Finish time
What do you understand the lunchtime arrangements to be?	<ul> <li>□ Kitchen or canteen available to you on site</li> <li>□ Shop close by</li> <li>□ Need to bring a packed lunch</li> <li>□ Other (please give details below:)</li> </ul>
Parent/Carer signature	<ul> <li>I have a good understanding of what this placement will consist of and give my consent for my son/daughter to participate in the work experience programme at the company/organisation outlined above.</li> <li>I give my consent for my child to go off site at lunchtime if this is part of the lunchtime arrangement.</li> <li>I am also happy for my contact details to be shared with the placement in case of an emergency.</li> <li>Signed:</li> </ul> Relationship to student: Date: