



## Confirmation of Work Experience Year 10 - July 2024

**For office use only:**  
Date form handed in:

### Student information:

Student name	
Form	
Emergency contact name:	
Emergency contact number:	
Please indicate whether you receive Free School Meals	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Placement 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 <input type="checkbox"/> No <input type="checkbox"/>
Has this placement:	Been organised through a family member/friend? <input type="checkbox"/> Been found independently? <input type="checkbox"/> Got Employer Liability Insurance? <input type="checkbox"/> Got more than one person working there? <input type="checkbox"/>

### Placement details:

Nature of Work and main work tasks:	
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Please return this form to Mrs Newton in the Library ASAP.  
[b.newton@bishopchalloner.bham.sch.uk](mailto:b.newton@bishopchalloner.bham.sch.uk)

<p><b>Describe (in as much detail as you can) the setting you will be working in:</b></p> <p>e.g. large busy office/shop floor/hospital ward/small lab/various sites in a factory etc.</p>	
<p><b>Will there be any travelling around as part of your placement?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> <p><b>IF yes, Parent/Carer consent is required. Please sign below to consent, but contact Mrs Newton if you do not.</b></p> <p>..... <b>Parent/Carer signature</b></p> <p>..... <b>Parent/Carer name</b></p>
<p><b>Are there any specific clothing requirements required?</b></p> <p>e.g. steel toe cap boots</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p>
<p><b>Agreed dates and times of placement:</b></p>	<p>Mon 01/07/24 - Fri 05/07/24 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please state placement dates below:</p> <p>_____</p> <p>Start time _____ Finish time _____</p>
<p><b>What do you understand the lunchtime arrangements to e?</b></p>	<p><input type="checkbox"/> Kitchen or canteen available to you on site</p> <p><input type="checkbox"/> Shop close by</p> <p><input type="checkbox"/> Need to bring a packed lunch</p> <p><input type="checkbox"/> Other (please give details below:)</p>
<p><b>Parent/Carer signature</b></p>	<ul style="list-style-type: none"> <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> </ul> <p>Signed: .....</p> <p>Relationship to student: .....</p> <p>Date: .....</p>

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