

Year 10 - Confirmation of Work Experience July 2024

Student	
Form	
Date	
Company/Organisation Name	
Placement Contact Name	
Placement Address	
Placement Email Address	
Placement Tel Number	
Nature of Work /Job title (e.g. Nursery, bank etc)	
Days you will be attending this placement (Please specify days you will be attending WEX)	Mon 01/07/24-Fri 05/07/24 _____ Start time _____ Finish time _____ Lunch arrangements _____
Pre-WEX meeting date (if appropriate)	
How did you find this placement?	
Parent/Guardian Signature	I give my consent for my son/daughter to participate in the Work Experience Program at the company/organisation listed above. Signed: Relationship to student:

Please return this form to Mrs Newton in the school library ASAP.

b.newton@bishopchalloner.bham.sch.uk