

## Year 12 - Confirmation of Work Experience July 2023

<b>Student</b>	
<b>Form</b>	
<b>Date</b>	
<b>Company/Organisation Name</b>	
<b>Placement Contact Name</b>	
<b>Placement Address</b>	
<b>Placement Email Address</b>	
<b>Placement Tel Number</b>	
<b>Nature of Work /Job title (e.g. Nursery, bank etc)</b>	
<b>Days you will be attending this placement (Please specify days you will be attending WEX)</b>	Mon 10/07/23-Fri 14/07/23 _____ Start time _____ Finish time _____ Lunch arrangements _____
<b>Pre-WEX meeting date (if appropriate)</b>	
<b>How did you find this placement?</b>	
<b>Parent/Guardian Signature</b>	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 Miss Jacques in Student Services ASAP.  
a.jacques@bishopchalloner.bham.sch.uk