

# Year 10 Work Experience: 14<sup>th</sup> - 18<sup>th</sup> July 2025

## Emergency Contact Details

### Student Details

Surname:	Forename(s):
Date of Birth:	Age at time of WEX:
Address:	
Home Tel. No:	Mobile No:
Any medical information that might impact on student's performance - please detail:	

### Emergency Contact Details

Name:	
Address (if different to above):	
Work Tel. No:	Home/Mobile No:
Relationship to student:	

### School Details:

Parklands High School, Southport Road, Chorley PR7 1LL	
Contact No: 01257 264596	WEX Co-ordinator: Miss P Berry

### Student Declaration:

<ul style="list-style-type: none"><li>• I confirm that the information above is accurate.</li><li>• I understand that I must inform school and my workplace should I be unable to attend work for whatever reason.</li></ul>	
Signed:	Date:

A parent/carer and student must complete this form in full, prior to any interview taking place. The employer must sign the declaration on page 4 of the booklet to say that they have seen this emergency contact details form. Any information that may impact on the placement must be disclosed, in order that the employer can safely support the student during the WEX week.

A copy of the form will be emailed to employers once the placement has been fully approved.