

Employer Pack

Introduction

[INSERT SCHOOL NAME] believes that work experience is a valuable opportunity for many of our students, it reinforces their career choices, even if only to confirm what they do not want to do. For others, it can be a turning point in making them realise what they need to do in their school work to make sure they secure the best possible career path.

We have developed this information pack to:

* Provide student information to be passed onto the work experience provider.

Please print all information and ensure that all sections are completed otherwise Student Work Experience Placement Forms cannot be accepted. All sections need to be completed so that the placement information can be submitted to [INSERT SCHOOL NAME] in order to confirm a work experience placement.

Once the form is completed it must be returned to [INSERT NAME]

The deadline for all students to return this form confirming their placement is: [INSERT DATE]

Students returning their forms after this date should be aware that it may not be possible to complete Health and Safety checks in time and therefore they will be unable to participate in the Work Experience programme.

Student Information

**Student Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Date of Birth |  | Age (on placement) |  |
| Home Address |  | Postcode |  |
| Home Phone No |  | Student Mobile No |  |
| Email Address |  | | |

**Medical Information**

|  |
| --- |
| Please provide details of any medical conditions that the employer would need to be aware of. Parents may need to discuss their child’s needs with the employer in advance of the placement taking place. |
|  |

**Parent Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Home Contact Number |  | Personal Mobile Number |  |
| Relationship to Student |  | | |

**School Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| School Contact Number |  | Emergency Contact Number |  |
| Email Address |  | | |