

HALL GREEN SCHOOL WORK EXPERIENCE

Monday 15th to Friday 19th July 2019



PLACEMENT DETAILS

(once you have confirmed your placement please return to the school's Careers Office as soon as possible)

Your Full Name				Form Group	
Emergency contact numbers: <i>(please give two)</i>					
Medical conditions					
Gender		Date of Birth			
Transport to and from your placement <i>(bus, car etc):</i>					

THIS PART IS TO BE COMPLETED BY YOUR PLACEMENT SUPERVISOR

Name of Placement Supervisor/s: Miss/Mrs/Ms/Mr/Dr/Prof <i>(Please note there must be two supervisors present within the organisation during the placement)</i>		First name	Surname		
Job Title					
Is this person a relative, if so how are they related to you?					
Company Name					
Company Address					
Postcode		Telephone number/s			
Email Address/es					
Website					
Details of the Experience <i>(e.g. administration, working with children, catering, construction etc.)</i>					
Employer's Liability Insurance Policy Number <i>(All placement MUST have this)</i>					
Working hours <i>(e.g 9am - 4pm)</i>				Length of lunch break <i>(i.e. 45 mins)</i>	
Dress code					
Is an interview/ meeting required? Yes/no		If yes please add a date and time			
Placement Supervisor Permission <i>(please sign)</i>				Date	
Parents/Carers Consent <i>(please sign)</i>				Date	

A copy of this form can also be found on the school website in the *Pupils > Work Experience*

Office use only

Recorded _____ Confirmed _____ Praises _____