

OWN WORK EXPERIENCE PLACEMENT DETAILS

DATES: 7 – 18 JUNE 2010

IMPORTANT INFORMATION: YOU MUST CHECK WITH THE WORK EXPERIENCE CO-ORDINATOR BEFORE YOU CONTACT A PLACEMENT. WE NEED TO KNOW THAT IT IS NOT CURRENTLY ON OUR SCHOOL DATABASE AND OFFERING US PLACEMENTS.

You must also check that the Company/Organisation has insurance to cover you whilst at the placement. **It is imperative that they hold both valid Employers Liability Insurance and Public Liability Insurance. Please note that this applies to all placements and if they do not have the appropriate insurance, the placement cannot be sanctioned.**

Please tick to confirm that you have checked that they have the necessary cover?

Name of Student: _____ Form: _____

COMPANY DETAILS (please use BLOCK CAPITALS)

Name of Contact: _____

(Please include their title i.e. Mr/Mrs/Miss/Ms or any other)

Name of Company _____

Address: _____

Postcode _____

Email address: _____

Tel No. _____ Alternative Tel No. _____

Category (see list below) _____

Description of work you will be doing _____

Category examples (*please highlight at least one*) ACCOUNTANCY ADVERTISING AIRPORT ANIMALS ARCHITECT ART AUCTIONEERS BANK BEAUTY CATERING DANCE DESIGN ENVIRONMENT ESTATE AGENCY FINANCIAL FLORISTRY GRAPHIC DESIGN HAIRDRESSING HORTICULTURE HOTEL I.T. INTERIOR DESIGN JOURNALISM LAW LEISURE MARKETING MEDIA MOTOR TRADE MUSIC CHILDREN'S NURSERY NURSING HOME OFFICE OPTICIAN PHARMACY PHOTOGRAPHY PRINTERS PUBLISHERS RETAIL SPECIAL NEEDS SPORT SURVEYING TEACHING TRAVEL AGENTS OTHER (not listed above)

ALL DETAILS ON THIS FORM MUST BE COMPLETED BEFORE HANDING IT TO YOUR PSHE TUTOR OR MRS HULSE - DEADLINE FRIDAY 11 DECEMBER 2010