



Sixth Form Self-Generated Work Experience Request Form

Work placement dates:

Student's name:

Age during the placement:

Tutor/Form Group:

Company name:

Company address:

Postcode:

Company telephone number:

Contact email address:

**Is student to be located at this address?
If no, please provide relevant details:**

YES/NO

Name of contact:

Position held:

Placement title:

General duties to be carried out by student:

To Parent/Carer:

As the parent /carer of the student named above, I confirm that I have read and understood this form and the guidance provided and I agree to my son/daughter taking part in this work experience opportunity.

Parent Carer Name _____

Signature _____ Date _____

**Please return this form to Mrs Evette Sharpe- Information Advice and Guidance Officer by Friday
22nd May 2015**