

Work Experience Placement Form



Work Experience Consent

I give consent for my son/daughter to attend work experience from **(Monday 13th February until Friday 17th February)** or **(Monday 27th February until 3rd March) 2023.**

Name of Parent/Carer _____

Signature _____ Date _____

Medical Conditions

Please indicate below any new medical conditions that your son/daughter has had diagnosed since our last Data Collection.

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Student Details

Surname:	First Name:
Date of Birth:	Form Group:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	

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Please make sure that you contact the company/business involved **BEFORE** you complete the details below. We will check your placement to confirm all the details and ensure that they have the correct Insurance Cover and that they have done a recent Risk Assessment for you to work there.

Name of Company/Business:	
Address Line 1 :	
Address Line 2 :	
City:	Post Code:
Company Contact Name:	
Contact Telephone:	
Contact Email:	
Department working in:	
Type of work:	

THIS FORM SHOULD BE RETURNED TO CAMPION SCHOOL BY THE DATE REQUESTED AND MUST BE SIGNED.