

# Work Experience Placement Form



## Work Experience Consent if you are unable to use the Grofar App

I consent my son/daughter to attend work experience from **(Monday, 27<sup>th</sup> January, until Friday, 31<sup>st</sup> January)** or **(Monday, 24<sup>th</sup> February, until Friday, 28<sup>th</sup> February) 2025.**

Name of Parent/Carer \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Conditions

Please indicate below any new medical conditions that your son/daughter has been diagnosed with 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	

## Work Experience Placement

Please 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 Coverage and 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.