

For office use only			
Placement:	Category	Sent for H&S check	Rec'd H&S check



KINGSBRIDGE COMMUNITY COLLEGE

YEAR 10 WORK EXPERIENCE 18 – 22 July 2011

PLACEMENT FORM

Please return this form, fully completed on **both sides** and signed, to your tutor by **Friday 3 December 2010** at the latest.

Name of Student

Tutor Group

Date of Birth

Full Name(s) of Parents/Guardians

Home Address

Post Code

Home Telephone

Parent's Mobile

Student's part-time job(s): e.g. Paper Rounds, Babysitting, etc.

Please note: We do not *normally* place students where they already have a part-time job.

	NAME AND ADDRESS OF EMPLOYER	HOURS/WEEK
1		
2		

Parents' Employment: We may need to contact parents during working hours.

	NAME AND ADDRESS OF EMPLOYER	TEL. NO.
1		
2		

Please continue over the page

SECTION A: if you are arranging your placement yourself.

Work experience has already been arranged for me at:

Name and full address of organisation/employer	Telephone number	Name of contact person

Or: I am waiting for confirmation of a placement from:

Name and full address of organisation/employer	Telephone number	Name of contact person

SECTION B:

I have had no success in finding a placement, but I am interested in the following types of work. (e.g. animal care, primary teaching, catering, garage work, horticulture, etc.)

- I am willing for my child to participate in the College Work Experience Week.
- I understand that transport to and from Work Experience is my responsibility.

Signed: **(Parent / Guardian)**

Date: