

## Work Experience Placement Form

*Please ensure that all information is completed on this form*

To be completed by the learner:								
<b>Learner Name:</b>					<b>School/College</b>			
<b>Learner Age:</b> <small>(tick appropriate box)</small>	<b>Under 16:</b>		<b>16-17:</b>		<b>18 plus:</b>		<b>Is the placement with a family member?</b>	
<b>Notes (e.g. medical conditions or allergies):</b>								
Placement Details – to be completed by the business/placement provider:								
<b>Placement start date:</b>				<b>Placement end date:</b>				
<b>Business Name:</b>				<b>Business e-mail:</b>				
<b>Business Address:</b>					<b>Business Postcode:</b>			
<b>Main Contact Details</b>								
<b>First Name:</b>				<b>Last Name:</b>				
<b>Phone Number:</b>				<b>e-mail:</b>				
<b>Location of placement if different to address given above:</b>								
<b>Description of duties to be undertaken by the learner during the placement:</b>								
<b>Proposed working days:</b>								