



## WORK EXPERIENCE PLACEMENT FORM

Student name:	Tutor group:
---------------	--------------

Placement name and address:
Contact (name and position):
Email address:
Telephone number:
Type of work to be undertaken / duties:
Agreed dates of work experience:

I understand that the above is not a school-organised work experience and that the school is not responsible for health and safety checks. I confirm that I take responsibility for my child's work experience placement and that my child will be safe at their chosen placement.

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed form to: [katherine.davis@wyeschool.org.uk](mailto:katherine.davis@wyeschool.org.uk)  
Careers Leader: Katherine Davis, tel: 01233 811 110