

Work Experience Selection Form

This form is used to help find a suitable placement for you. Please think carefully before completing it and obtain guidance from your tutor and or parent/guardian. Please indicate your 1st, 2nd and 3rd area of preference below.

Name: _____ Male/Female: _____
 Postcode: _____ Date of Birth: _____
 School: _____ Work Experience Dates: 2nd July 2018
 Form Tutor: _____ Tutor Group: 10

Placement Categories

Retail Assistant	
Administration/Business Assistant	
Hairdressing Assistant	
Catering Assistant	
Childcare Assistant	
Care Assistant	
Mechanic Assistant	
Other:	

Please be aware Construction assistant placements are difficult to find due to appropriate necessary insurance, self-placements are advised.

If you would like a work experience placement in any other category than the areas listed above please speak to Work Experience Co-ordinator (Mrs Peak) or Miss Barrett, for help and advice. If there are no placements available on the list that you would like to attend then you will need to obtain a self placement.

NB Please note this form needs to be returned to form tutors by October 2017

Please give details of any medical conditions that may affect your work placement e.g. asthma, skin allergies etc:

Is there any other information that will be relevant to an employer? Yes/No

If yes, what?

We agree that information contained in this application may be passed to an employer.

Signature of Student _____ Date: _____

Signature of Parent _____ Date: _____