

YEAR 10 WORK EXPERIENCE APPLICATION FORM 2020

Date of Work Experience	From	Mon 15 th June 2020	To	Fri 19 th June 2020
Deadline for Return of Form	FRIDAY 28 TH FEBRUARY 2020			

STUDENT DETAILS

Full Name Male/Female Tutor Group

Address Date of Birth

..... Tel No

..... Postcode Mob

EMPLOYER'S DETAILS

Company Name

Address Postcode

Contact Name Position in Company

Tel No Email Address

Company's Business

Work Experience Placement Title

Short Description of Work Experience Offered

Does company have Employer's Liability Insurance? YES/NO (PLEASE ATTACH A COPY)
Company must have Employer's Liability Insurance to enable placement to commence. (This is different to Public Liability Ins)

I am aware that my details will be stored by SHAPE and am happy for them to be passed to potential Work Experience students YES/NO

I understand a WEX representative will contact me should a pre-placement check/re-visit be required.

Signature of Employer Full Name

Date

PARENT/CARER DETAILS

I/We give permission for our son/daughter to attend work experience as detailed above. I/We declare below any medical conditions or special needs that the Employer will need to be made aware of:

Parent/Carer Signature

Parent/Carer Email Address