

**Student Placement Form**

This form should be completed by a **Parent / carer or guardian** and returned to school as soon as possible.

**Student’s Name:** **Tutor Group:**

I have contacted the employer indicated below, who has agreed, subject to the school’s approval, to accept my son/daughter for work experience from

Tuesday 27th February - Thursday 29th February 2024

**\***Name of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The company MUST have Employer’s Liability Insurance. Please check: YES/NO**

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work the student will be expected to do (e.g. reception, administration, IT, sales):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer/Guardian

**\***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return **(via tutor)** to: Miss Jane Holland

Careers and Aspirations Coordinator

Blessed Edward Oldcorne Catholic College

Worcester

WR5 2DX

careers@blesssededward.co.uk

# \* PLEASE ENSURE THESE FIELDS ARE COMPLETED