



LongfieldAcademy

# LongfieldAcademy

## Work Experience – Year 10

### 16<sup>th</sup>-20<sup>th</sup> July 2018

**Forms to be handed to Miss Sandford (main office) by Friday 25<sup>th</sup> February 2018**

#### Personal Details:

(Please complete ALL boxes below)

Student name:			
Date of birth:		Age at start of placement:	
Home address: (inc post code):			
Parent's contact tel:			

#### Placement Details:

I have found my Work Experience Placement at:

A letter of confirmation of your work experience placement is required and should be attached to this form when it is handed in.

Company name:	
Address: (inc post code)	
Contact name:	
Contact tel:	
Contact email:	
Description of duties to be carried out ie; Admin	

I confirm that I have contacted the above named company/organisation and they are aware of my request for a Work Experience Placement.

**Medical Conditions:**

(Please ensure any medical conditions are made known to your placement contact)

Medical conditions:

**Special Education Needs:**

(Please ensure any SEN are made known to your placement contact)

SEN:

**Travel to my Work Experience Placement**

**How will you travel to your placement? (Please be aware that Parents/Carers are responsible for any travel fares).**

**Student's Undertaking**

- I have discussed my Work Experience Placement with my parent/carer.

Student's signature:

**Parent/Carer's Undertaking**

- I have discussed the Work Experience Placement with my son/daughter
- I agree to my son/daughter taking part in the Work Experience programme
- I understand that I am responsible should any travel fares be incurred
- I understand that all placements are Health and Safety checked by Kent Works. They arrange for checks to be made for health and safety purposes.
- I understand that no student can attend a placement unless it has been approved. I understand that last minute changes cannot be made, as a minimum of 16 weeks notice is required for health and safety checks (+2 weeks for out of area placements).
- Any queries should be directed to the academy's Work Experience Co-ordinator. I will/will not allow my son/daughter to travel on public transport (delete as applicable).

Parent/Carer's signature:

Date:

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Work Experience  
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**Confirmation of Placement Form**

(in lieu of confirmation on company headed paper)

Name of student:	
Company name:	
Company address:	
Post code:	
Telephone no:	
Email address:	
Contact name:	
Description of duties to be carried out i.e. admin	

I confirm that the above named student has applied for a Work Experience Placement.

Name: .....

Signature: .....

Position: .....

Date: .....

Company stamp: