

Longfield Academy Year 10
Work Experience
17th – 21st July 2017
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: