

**North Leamington School Sixth Form
Details of Work Experience 8th – 12th July 2024**



Student's Name (please print)..... Tutor Group.....

Name of company/organisation

Full address of Placement

.....

..... Postcode

Contact Name (Mr/Mrs/Ms/Miss other).....

Job Title

E-mail of the contact at the placement (essential)

Telephone No:

Mobile No:

Hours of work agreed

Does this organisation have employer's liability insurance? Yes / No

This is a requirement and we need to see a copy of their certificate. Please ensure that the insurance covers 16-17 year olds

Type of work offered (e.g. office, workshop, retail etc).....

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Relevance to your post 18 plans

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I am aware that my son/daughter has obtained the above Work Experience placement

Parent/Guardian's Signature Date.....

Name

Please return this form to sixthform@northleamington.co.uk as soon as your placement is found, and no later than Friday 29th March 2024