

**North Leamington School Sixth Form
Details of Work Experience 7th – 11th July 2025**



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 of the contact at the placement (essential):.....

Mobile No:

Hours of work agreed (e.g. 9am-5pm Mon-Fri)

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 being undertaken (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 child has obtained the above Work Experience placement

Parent/Carer'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 28th March 2025