

ST BENEDICT'S CATHOLIC HIGH SCHOOL

WORK EXPERIENCE PLACEMENT DETAILS

Please complete all the details below regarding your work placement. **This should be done neatly and clearly.** If this is not the case then the form will be returned to you.

This form should be returned to Mrs Holmes – Work Related Learning Co-ordinator

Name of pupil	
Form	
Date of birth	
Name of organisation offering you a work experience placement	
Organisation's business e.g. school, restaurant, engineering firm e.t.c.	
Organisation's address including postcode	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode:</p>
Will you be based at this address:	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Please tick as appropriate. If no, please provide details on the back of this sheet</p>
Organisation's telephone number	
Person to contact (include Mr, Mrs, Miss or Ms e.t.c)	
Will you be working normal working hours i.e. 9.00am-5.00pm	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Please tick as appropriate. If no, please provide details on the back of this sheet</p>
The nature of the work you are expected to do	<p>.....</p> <p>.....</p> <p>.....</p>

Additional Information (only if applicable)

**Alternative address(s)
where work experience
will take place**

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Postcode:

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Postcode:

**Hours expected to work
(if outside normal office
hours 9am to 5pm)**

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