Work Experience

**STUDENT’S OWN PLACEMENT FORM**

22nd – 26th APRIL 2024

***Before you complete this form, please ensure that you***

***have actually made contact with the company and they have AGREED to take your child.***

***This is for a placement that has been agreed and NOT where the student would like to go.***

|  |  |
| --- | --- |
| Student’s Name**:**  |   |
| Form Group: |   |
| Company Name of Placement: |   |
| Address:  |   |
| Telephone Number: |   |
| Mobile Number: |   |
| E-mail Address: |   |
| Contact Name:*(person agreeing to the placement)*  |   |
| Placement Role: |   |
| Type of Work Involved:  |   |

Please return to the main office F.A.O Mrs Betteridge or email workexperience@wallingfordschool.com

by

**As soon as possible**