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](mailto:workexperience@wallingfordschool.com)

by

**As soon as possible**