

# Joseph Whitaker School

## WORK EXPERIENCE PLACEMENT FORM

### Instructions for Students :

**Part 1** Complete your details

**Part 2** Fill in the details of the company that you have arranged your placement with.

**Please return this form to Student Services**

### Part 1

Name \_\_\_\_\_

Tutor Group \_\_\_\_\_

### Part 2

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

e-mail \_\_\_\_\_

Contact Name \_\_\_\_\_

(person who has agreed your work experience at this company)

Position in the Company \_\_\_\_\_

What type of business is it \_\_\_\_\_

**Before your placement begins, you must inform the employer of any medical or special requirements that may affect your Work Experience.**