

YEAR 10 Work Experience (WEX) Information Form
Monday 24 April - Friday 28 April 2017

Return to Mrs Bayliss BY FRIDAY 18th NOVEMBER 2016



Student Name			Male	Female	Date of Birth	Advisory
Student Address			Student E-mail address		Age (at start of wex)	
Parent/Carer contact details	Home Telephone No	Work Telephone No	Mobile No		E-mail address	

PLACEMENT DETAILS

<i>I have organised the placement below which is (please circle)</i>		<i>I know someone in the organisation</i> State name/relationship of contact	<i>I been unable to organise a placement</i> (attach a list of employers you have contacted)
CONFIRMED	AWAITING CONFIRMATION		

Name of Organisation/Employer _____

Address _____

_____ Post Code _____

Name of Contact _____ Tel No _____

Job Title of Contact _____ E-mail _____

Type of Business (e.g. vets, hairdressers) _____

Duties/tasks to be completed _____

TYPE OF PLACEMENT

Please complete even if you have arranged a placement. Show using 1st, 2nd, 3rd, 4th choice

Office Work	Building/Construction	Health & Medical Services	Armed Forces	Pre-School
Sport (specify)	Shop Work / Retail	Horticulture / Agriculture	Dance & Drama	Primary School
Hotel & Catering	Engineering / Factory	Accountancy/Finance	Care – elderly	Teaching
Hair	Mechanic & Garage	Working with animals	Farming/Fisheries	Youth Work
Beauty	Outdoor/Adventure	Working with horses	Leisure & Tourism	ICT

Other (please specify)

INTERESTS:

PART TIME WORK:

LOCATION

Where can you DEFINITELY travel to? Show using 1st, 2nd, 3rd, 4th choice. Indicate if you can travel to other areas

Cranbrook	Hadlow	Kings Hill	London	Tonbridge
Maidstone	Paddock Wood	Sevenoaks	East Peckham	West Malling
Tunbridge Wells		Other area		

I would consider using public transport

Yes

No

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Parental Permission



I agree for my son/daughter to take part in the work experience programme from 24 April to 28 April 2017

I understand that

- We are responsible for contacting employers and arranging the work placement for one week
- The work placement must be health and safety checked and approved by the school otherwise my son/daughter will be unable to attend
- The school cannot guarantee that a health and safety check will be completed if this form is not received by the deadline date and that without a check my son/daughter will be unable to attend
- We are unable to arrange a placement abroad
- We are responsible for any travel fares or clothing costs that maybe incurred

I understand that if we are unable to find a placement

- This form must still be completed and returned to the school by the deadline date
- We will accept a placement the school arranges (based on the information given on this form)
- The school cannot guarantee arranging a placement if this form is submitted after the deadline date
- My son/daughter will be required to attend lessons in school for the week

I understand that if a placement is not health and safety approved

- My son/daughter will be unable to attend
- The school will inform me that my son/daughter must not attend and if they still attend the placement, it will be an unauthorised absence and the school cannot be held responsible for your son/daughter's health, safety and security

I understand

- Last minute changes cannot be made to placements once the form has been received
- I must inform the school and employer of any medical conditions (see below)

I will/will not allow my son/daughter to travel on public transport (please delete as appropriate)

Student Agreement

I understand that

- It is my responsibility to arrange my own placement
- I must provide the school with all the relevant information by the deadline date
- I can only attend if the placement is health and safety approved
- If for any reason, I am unable to find my own placement and the school arranges this form me, I will accept the placement arranged
- I will inform the employer of any medical conditions before or when I start my placement.

Medical Conditions

Please detail **any medical conditions** (this *also* includes asthma, allergies, diabetes, allergic to penicillin etc.) Parents are responsible for informing the employer. The school will inform the employer of the medical condition you detail below. If left blank no medical condition will be assumed.

NAME OF STUDENT _____ DATE _____

Parent/Carer Signature _____

Student Signature _____