

## Transition Year

### WORK EXPERIENCE PLACEMENT DETAILS

(Please retain this form in your TY Folder and complete the online form via the school website)

Session 1    [ ]                      Session 2    [ ]                      Session 3    [ ]

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class Group: \_\_\_\_\_

Mobile: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Contact: \_\_\_\_\_

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Employer Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employers Email Address \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Supervisor's Name & Contact Number  
(if different from employer) \_\_\_\_\_

Placement Start Date: \_\_\_\_\_

Placement Finish Date: \_\_\_\_\_

**Hours of Work:**

Daily Start Time: \_\_\_\_\_

Daily Finish Time: \_\_\_\_\_

Lunch Time: From \_\_\_\_\_ to \_\_\_\_\_

**Details of your Work Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dress Code:** \_\_\_\_\_

\_\_\_\_\_

**Method of travel to and from Work Placement**

\_\_\_\_\_

**Please confirm**

The following documents have been given to employer

( ) Employer Handbook

( ) Insurance Letter