

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: _____

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