**REQUEST WORK EXPERIENCE FORM**

**WORK EXPERIENCE : Monday 28th March – Friday 1st April 2022**

**Student should complete this form if they have selected a placement from the Tailored Education database of employers and would like the school to contact the employer on their behalf. Please return to the CAREERS OFFICE**

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| **Student:** | **Form:** |

**STUDENT should complete this FIRST SECTION ONLY**

|  |  |
| --- | --- |
| Employer |  |
| Employer ID |  |
| Job Title |  |
| **Job description** |  |
| Address |  |
| Postcode |  |

**This section to be completed by SCHOOL**

|  |  |
| --- | --- |
| Placement agreed by |  |
| Person responsible for Student on WEXP |  |
| Email address : |  |
| Telephone contact: |  |
| Start/ Finish Times | to |
| Brief outline of duties |  |
| Dress Code |  |
| Break & Meal time arrangements |  |
| Any other details you wish the students to be told before coming to you |  |