School: Queen's Park High School **Coordinator: Mrs Watts / Mrs Tunnicliffe**

Student Name: _____ **Year Group: 10**

Organisation: _____

Address:

_____

_____

_____

Postcode: _____

Name of Contact: _____ Position: _____

Telephone: _____ **Mobile: _____**
Email: _____

Nature of business:

_____

_____

_____

Period of Work Experience: 5 Days **From: 10th July 2023 To: 14th July 2023**

Start/Finish Times: _____ **Placement Job Title: _____**

Main duties and responsibilities of student:

_____

_____

_____

Additional Information / Requirements (e.g. dress code or uniform required / lunch arrangements):

_____

_____

_____

Work Place Prohibitions:

_____

_____

Additional Needs: Yes / No (if yes please list)

_____

_____

Note to the placement provider: It is a requirement that students on work experience are covered by Employer's Liability Insurance. Please detail below. This will be confirmed at the health and safety visit.

Insurance Company: _____ **Policy Number: _____**

Expiry Date: _____

Employer Signature: _____

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