



TAKE YOUR CHILD TO WORK DAY: PLACEMENT INFORMATION

This form should be completed and signed by the person who has offered the placement and then by the parent/carer. This form must be completed in full and returned by **Monday 27th June** to your child's form tutor to be collated with the rest of the year group.

Year 10 Careers Week: 4-8th July 2022

Student Name					Tutor Group	
Company name						
Employer contact name						
Student relationship to employer contact	Parent/Carer	Other family member (please specify):	Other trusted person (please specify):			
Placement address and Post Code						
Contact Telephone	Landline:		Mobile:			
Contact email						
Nature of work placement (industry/sector)						
Main tasks and duties to be undertaken by student						
Dress code						
Day/s that work placement will take place <i>(circle applicable)</i>	MONDAY 4 TH	TUESDAY 5 TH	WEDNESDAY 6 TH	THURSDAY 7 TH	FRIDAY 8 TH	
Working hours						
Lunch arrangements						
Travel arrangements						
Any additional information						



I, the parent/carer of _____ confirm the above details for work experience are correct and accept responsibility for the safety and conduct of my child during their work experience placement.

Signed _____

Date _____

School contact: Maria Edwards

Tel: 01604 212811

E-mail: maria.edwards@nia.emat.uk