



Work Experience Employer Contact Form

The information provided by you on this form will be used to confirm the work experience placement you have arranged with the employer. Please ensure all details are fully completed and accurate to avoid any delay in confirming your placement.

Personal Details

Full Name		Date of Birth	
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Full Address:

Telephone No.		Form Group	
Male / Female		Current School	Monmouth Comprehensive
Work Experience Dates	13-17 Nov 2017	Primary School attended	

Subjects Studied:

Subject	Exam	Subject	Exam

Please list the subjects you enjoy the most, your interests and hobbies:

Are there any factors, issues, health problems or disabilities that need to be communicated to an employer prior to going out on your work experience placement? (e.g. eczema, asthma, epilepsy, impaired colour vision, hearing etc). If so, please specify severity and any medication taken.



Employer Details. Please fill in this section when you have contacted and confirmed your work experience placement with the employer ensuring that all sections are completed as far as possible.

Contact:	Position:
Company Name:	
Company Address:	
Telephone No.:	Fax No.:
Email:	
Type of Work Experience offered:	
When did you speak to the above contact:	

Declaration:

I understand that the information provided on this application form will be shared with employers by Monmouth Comprehensive School to assist in the work experience placement process.

Signatures:

Student _____

Parent/Guardian _____

Date _____

For Office Use Only:

ELI check Yes/No Date

H&S check Yes/No Date

H&S Recommendation (if applicable)