



TY WORK EXPERIENCE INFORMATION FORM



Student Name:

EMPLOYER DETAILS

Name of Company:

Name of Contact Person:

Tel Number:

*Email Address:

*(Email address must be included)

Placement Address:

Please circle the term that this work placement relates to:

Term 1

Term 2

Term 3

PARENTAL CONSENT

I give my son/daughter permission to carry out his/her work experience placement with this employer during the term indicated above. I will give the school and the employer advance notice, if my son/daughter cannot attend work on any day. I will fill out and sign the Work Experience Log section in the student journal weekly.

Signed: _____

(Parent / Guardian)

Date: _____