Work Experience Request Form

WORK EXPERIENCE 2017

NAME:…….

FORM:……..

STUDENT NUMBER: ☐ **Date of Work Experience:** From…… To……

To enable me to assist you with your work experience placement I would like you to fill in the relevant section below with the details of the placement you have applied to. To give yourself the best chance of acquiring the placement you would like it is important that you return the information to me as soon as possible. (If working with a family member please state your relationship).

Company Name:	
Address:	
Telephone:	
Email:	
Contact Name:	

Placement applied to: YES ☐ NO ☐

Response received: YES ☐ NO ☐

I NEED ASSISTANCE WITH FINDING A PLACEMENT:

(Please make every effort to try to find your own placement before requesting assistance)

Please give as much detail as possible about the type of placement you would like to apply to:

Type of work/area/