

SIXTH FORM WORK EXPERIENCE SHADOWING PLACEMENT FORM

PARENT / CARER PLEASE SIGN THIS FORM TO APPROVE THE PLACEMENT:

COMPANY NAME.....

Date From:	To:
This serves to confirm that we are able to accept the following student for work shadowing on the dates indicated:	
Student's Name:	Form: School: CAMPION

PLACEMENT TITLE:	
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Name Of Contact:		Position Held:	
Company Name:			
Address:			
Post Code:		Landline No:	
Mobile No:			
Email Address:		Fax Number:	
I acknowledge that a Criminal Record Bureau disclosure may be required for some staff. (Please tick if applicable)			
Employer's Signature:		Date:	

STUDENT:	
Signed.....	PRINT NAME DATE

Monitored By:

Date:

COMMENTS