

**UFFCULME SCHOOL  
YEAR 10 WORK EXPERIENCE 2017  
CONFIRMATION OF ORGANISED PLACEMENT**

Pupil Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

**WORK EXPERIENCE PLACEMENT**

**Please return this form to your tutor when your placement is organised and confirmed by the employer.** Please fill in the type of work you will be doing, such as office based, engineering or retail, as it helps us with organising the Health and safety check.

**Work Experience Details:**

**Work Experience Date: 17<sup>th</sup> - 21<sup>st</sup> July 2017.**

Please complete the details listed below for your work experience employer.

Contact Name: \_\_\_\_\_

Name of Business/School/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: [if known] \_\_\_\_\_

Email: [if known] \_\_\_\_\_

**Type of work you will be doing:**

**We/I confirm that the placement has Public Liability and Employers' Liability Insurance. [The placement cannot go ahead without both insurances being in place.]**

Signed: \_\_\_\_\_ Parent/Guardian