



**YEAR TWELVE WORK SHADOWING PLACEMENT FORM**

Monday 12<sup>th</sup> July – Friday 16<sup>th</sup> July 2010 inclusive

Please complete and return this form to Mrs Williamson (in the Sixth Form Office) as soon as possible, but no later than Friday 26<sup>th</sup> March 2010. ONLY the first 50 forms returned will be progressed. Form 51 onwards or forms returned after the deadline will not be put through the next stage of our placement vetting process.

PLACEMENT DETAILS FOR YEAR 12 WORK SHADOWING

**Student** Name: ..... Form: ..... Date of Birth : .....

**Parent** Contact details:

Name:.....

Email Address: ..... Tel no: .....

**Company** willing to take a student for Work Shadowing:

Company Name:.....

Company Address:

.....

.....

Company Tel no: .....

**Company Contact/Person Responsible (this may or may not be the person who is being shadowed, for example a contact in Human Resources or an Administrator):**

Name :.....

Email Address: ..... Tel no: .....

Work Shadowing Job Title: .....

Name of Person who will be shadowed: .....

Hours of Work: ..... No. of Employees: .....

Canteen Facilities?: .....

Dress Code (Plus any special requirements): .....

.....  
**I agree to my son carrying out his Work Shadowing at the above placement for the full 5 day period Monday 12<sup>th</sup> – Friday 16<sup>th</sup> July 2010**

**Signed** ..... **Print name** .....

**Date** .....