



Y10 Work Experience REQUEST Form

Monday 4th July 2016 – Friday 8th July 2016

Name:	
Form:	
Date of Birth:	
Home Address:	
Postcode:	
Telephone Number:	
Please state any part-time jobs you have:	

Please select three areas of work in the box below, in order of preference – mark them 1, 2, 3 (1 being your most preferred). Please consider the options carefully as you are expected to accept whichever is offered.

Category	Preference 1,2,3	Category	Preference 1,2,3
Admin / Clerical		Engineering	
Animal Care		Florist	
Construction trades		Hair & Beauty	
Catering		Legal	
Care of the elderly		Motor Vehicles	
Childcare (0-4 yrs)		Outdoor / Farming	
Classroom Assistant		Retail	
Art & Design		Leisure	
Other (please state)			

What is your ideal work placement? (Company, location)

.....

What, at this time do you wish to do as a career?

.....

Every effort will be made to place you as near to home as is possible and to get the occupational area you have asked for. Please state where you are able to travel to. (e.g Clitheroe, Whalley).....

I would like to be considered for a placement with:

- BAE Systems The Grand Ribcaged Productions

To be completed by Parent/Carer

Please complete the health and safety questions below.

Failure to disclose accurate information could put your son/daughter at risk and will result in the placement being withdrawn.

Does he / she:	Yes or No	If yes, please give details
Have any restrictions of normal physical activity?		
Need support during the period of work placement?		
Have allergies or eczema?		
Have bronchitis, asthma or chest complaints?		
Have a hearing disability or discharging ears?		
Have heart disease or any other related illness which would affect their capacity to carry out physical tasks?		
Have diabetes?		
Experience fits or fainting attacks?		
Have significant colour vision defect or other visual disability?		
Have a learning disability which might affect their ability to understand instructions?		
Have any other health problems? (Please attach a separate sheet if necessary)		

Signed: (Parent / Carer)

Date:

**PLEASE RETURN THIS FORM TO MRS DAKIN BY
Friday 18th March 2016**