

Employers details: Transition Year Work Experience

I wish to confirm that _____ will be doing his/her work-experience during the period _____

NAME OF STUDENT _____ CLASS 4 _____

NAME OF PLACEMENT _____

ADDRESS OF PLACEMENT _____

SIGNATURE OF SUPERVISOR _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL _____

DATE _____

CONTACT NAME DURING PLACEMENT _____

CONTACT PHONE NUMBER DURING PLACEMENT _____

WORKING HOURS: From _____ A.M. to _____ P.M.

DRESS CODE _____