

Work Experience Pre-Placement Form

STUDENT'S NAME _____ M ☐ F ☐

HOME CLASS _____ DATE OF BIRTH _____

ADDRESS _____

PARENT PHONE _____ STUDENT MOBILE _____

STUDENT EMAIL _____

PARENT/GUARDIAN _____ EMERGENCY
CONTACT NUMBER _____

1 CONTACT EMPLOYER:

Ask friends & extended family if they know anyone in the industry you are interested in and search the Yellow Pages, LinkedIn etc. RING or VISIT ... Say who you are... "This is *John Brown* speaking; I am a student from Groves Christian College, may I please speak with the manager or owner of the business".
Mention to the owner/manager why you are interested in their business and industry and ask if they take Work Experience Students, and would they consider taking you for the dates outlined.

2 FIND THE FOLLOWING DETAILS:

Placement dates are: Monday 25th – Friday 29th June 2018.

Industry (e.g. Hospitality, Plumbing, Retail): _____

Name and address of business: _____

Phone: _____

Full name and Position of contact person: _____

3 PARENTS:

I am aware that my son/daughter _____ is applying for work experience and am happy for him/her to participate in this activity. I have read the insurance details and I am willing and able to organise transport for the duration of the placement.

Parent / guardian name: _____

Signature: _____

This Form must be returned to Mrs. Thornton or Mr. Robertson no later than Friday 1st June 2018.