Work Experience Placement Information Form

1. General Placement Information

1.a	**Work Experience Coordinator Name (employer)**	
1.b	**Placement Start Date**	13 July 2026
1.c	**Placement End Date**	17 July 2026

2. Employer Contact Details

This section is for the contact details of the person at the employer's business/organisation, with whom you have already contacted and agreed on this placement. Before proceeding, please ensure they have confirmed they are happy to host your placement and if possible, ask them to sign this form after completing.

2.1	**Placement lead name**	
2.b	**Placement lead email** (It is essential that this email is correct - if it is not, you will not be able to progress your placement.)	
2.c	**Placement lead phone number**	
2.d	**Name of employer business/organisation**	

3. Placement Details

3.a	**Time commitment** For example, Full-time or number of hours/times	
3.b	**Placement format** (An in-person placement is one where you physically go to the workplace at any point. A virtual placement is any placement held entirely remotely.) If virtual, go to section 4 – Learning Objectives	In Person / Virtual
3.c	**Placement country**	
3.d	**Placement address**	

3.e	**Will you be working somewhere other than this exact address?** If NO, go to 3.g		YES / NO
3.f	**If YES, where will you be based throughout the placement?**		
3.g	**Will you be living somewhere other than your normal home during the placement?** If NO, go to 3.i		YES / NO
3.h	If **YES,** where will you be living during the placement?		
3.i	**How will you travel to and from the placement?** For example: bus/train /walk		

4. Learning Objectives

4.a	**What are your objectives for this placement?** **This must be between 80-1000 characters long.** (This could be something you want to experience or skills you want to develop. This will be shared with the employer so they can tailor the placement to better suit you and ensure you get the most out of your work experience.)	

5. Special Needs / Medical Conditions

5.a	Do you have any special needs or medical conditions that may affect your placement? If NO, go to Section 6	YES / NO
5.b	**If YES, describe your special needs or medical conditions** (Any information you enter here will be shared with the employer and with your parent/guardian.)	

6. Parent / Guardian Information

6.a	**Parent / Guardian name**	
6.b	**Parent / Guardian email** (It is essential this email is correct - if it is not, you will not be able to progress your placement.)	

Name of Placement Lead .....

Signature of Placement Lead .....

Date .....