

**Alexandra College Transition Year Work Experience Programme
2017/18**

Please complete this form as you confirm the details of a work placement.

The school must have a form for each work placement that you do.

GIVE ALL THE DETAILS OF YOUR WORK PLACEMENT - FOR INSURANCE PURPOSES EVERY PIECE OF THIS FORM MUST BE FILLED.

Student Name _____ Form _____

Dates of placement

Employer (Company) _____

Contact Person Details _____

Employer (Company) Full Address _____

Tel _____

Email _____

Nature of Work Experience _____

Parent's Signature _____

Insurance Details must be given to the Employer. For that reason Ms. Fanagan must get this completed form at least two weeks prior to the placement. Thank you.