

PUPIL WORK EXPERIENCE REQUEST

INITIAL CONTACT DETAILS

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

PUPIL NAME: _____ FORM: _____

The company named below has been contacted and has indicated that a work experience placement could be provided for me for one week:

from: _____ to _____
*first day last day***Details are as follows:-**

I contacted the company on: _____ (date)

The company was contacted by: _____ (on my behalf)

The company was contacted by letter/telephone/personal visit (*please circle as appropriate*)

The company name is: _____ (enter name)

The full postal address of the company is: _____
_____ Postcode: _____

Email address: _____

The name of the person contacted is: *Mr/Mrs/Miss/Ms _____
**please delete as appropriate*

He/she works in _____ Department

His/her position in the company is: _____

Contact telephone No.: _____ Email address: _____

Is the company listed on the database at www.walsallebp.co.uk? *Yes/No
**please delete as appropriate*

If no give the type of work: _____

Give details of any health problems: _____

PLEASE RETURN THIS FORM TO MR CLOUGH BY 12th FEBRUARY 2016*Circulation: DJC → EKH → file*