

Huntington School Work Placement Preparation Form

Please PRINT in BLOCK CAPITALS

Student Details

Name: _____

Date of Birth: _____

Will you live at home during the placement? Yes / No (Highlight appropriate option)

How will you travel to and from your placement? _____

Do you have any learning or medical needs that may affect your placement? Yes / No (Highlight appropriate option)

If yes, what are they: _____

Parent/Carer Name and Email: _____

Employer Details

Name of Placement Business _____

Placement Start Date: ____/____/____

Placement End Date: ____/____/____

Day and Time: _____ day AM / Afternoon / PM (Highlight appropriate option)

Agreed hours per week: _____ to _____ Total hours per week: _____

Your Objectives: _____

Lead Employer name: _____

Lead Employer email: _____

Lead employer phone number: _____

Placement Full Address (including postcode):

Is the above address where you will be based for your placement? Yes / No (Highlight appropriate option)