



Year 10 Contact Information for Work Experience 13th - 15th July 2022

This form must be completed in BLOCK CAPITALS. It should be signed by your parent/carer and returned to Mr Thornton in the 6th Form Office SF1 by Friday 8th April 2022

Section 1: Student information

Name..... Date of Birth.....

Mentor Group..... Parent/Carer signature.....

Home Address.....

Email Contact telephone.....

Name of Parent/Carer.....

If you have any health problems or additional needs which may affect the type of work you can do (eg: asthma, diabetes, epilepsy, impaired hearing/vision) please give brief details below:

Section 2: Please provide full details of the Employer who has offered you a placement

Name of Company.....

Full Address.....

Contact Person..... Email

Position in Company..... Telephone Number.....

Date/day of placement..... Hours of Work.....

Give brief description of the work you will be doing during your placement and include information about any jobs, tasks, activities or locations that may have additional risk factors.

Do any special arrangements apply? (Protective clothing, dress code, safety boots, lunch arrangements)

Please contact Ross Thornton, Careers Administrator at Oriol High School if you need any further information or help.
Please contact Tel (01293) 880367.

Email: rthornton@oriel.w-sussex.sch.uk