

Work Placement Details Form

Complete all sections and return to your work experience teacher at least two weeks before placement starts

Student Details

Course (please circle):

TY

LCA

LCVP

Name of student:

Phone number:

Work Details

Name of Employer:

Employer's address:

Employer's phone number:

Type of work:

(office, childcare etc)

Contact person:

Dates of placement

Work Details

Name of Employer:

Employer's address:

Employer's phone number:

Type of work:

(office, childcare etc)

Contact person:

Dates of placement:

Parent / guardian signature:
