



FORM A
Placement Details
Work Experience 2022
STUDENT DETAILS

STUDENT NAME: _____

STUDENT D.O.B.: _____

STUDENT CONTACT NUMBER: _____

STUDENT EMAIL ADDRESS: _____

DETAILS OF EMPLOYER WHO HAS AGREED TO TAKE YOU FOR WORK EXPERIENCE:

BUSINESS NAME: _____

INDUSTRY: _____

POSTAL ADDRESS: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

PROPOSED WORKPLACE ACTIVITIES (you will need to get this information from the employer)

NOW, ASK YOUR PARENT/GUARDIAN TO COMPLETE AND SIGN BELOW:

I, _____ (name of parent/guardian), give permission for my son/daughter to participate in Work Experience in 2022.

PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN NAME: _____

CONTACT NUMBER: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____