

Work Experience – Student Choice Form

As you will be going on Work Experience this year, we need some information from you so that we can find the kind of placement that best suits you.

Please answer all of the questions clearly. Think carefully when making your choices as once you have given in this form you cannot change your mind.

First Name:	
Last Name:	
Date of Birth:	
Male / Female:	
School / PRU:	
Year Group / Course:	

Please make two choices from the following (1st / 2nd):

Hair & Beauty		Working with Animals	
Shop Work		Working with Children	
Office Work		Other (please specify below):	
Elderly Care			

Are you willing to travel outside the London Borough of Tower Hamlets? **Yes / No**

Are there any special circumstances that we should bear in mind? (e.g. difficulty with language, hearing, mobility, etc)

Student Signature: _____ **Date:** _____

School Coordinator use only

Placed at: _____ Contact: _____