

# Work Experience 2010

## - Placement Details

**These Details Must Be Provided Prior To Commencing Placement**

<b>Your Name:</b>	
<b>Placement Company:</b>	
<b>Address of Company:</b>	
<b>Expected Duties:</b>	
<b>(NB) Name of Contact Person:</b>	
<b>(NB) Position of Contact Person:</b>	
<b>(NB) Telephone Number:</b>	
<b>(NB) E-mail address:</b>	
<b>(NB) Fax No.:</b>	
<b>Mode of Transport:</b>	
<b>Daily Start Time:</b>	
<b>Daily End Time:</b>	
<b>Your Telephone Number:</b>	
<b>Name of Next Of Kin for Emergency Contact (&amp; relationship to):</b>	
<b>Telephone Number of Next of Kin:</b>	
<b>Any Other Relevant Details:</b>	
<b>Guardians signature of approval: (if age &lt;= 17)</b>	

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Monday 15<sup>th</sup> March to Friday 2<sup>nd</sup> April 2010**