



## Work Experience Placement Harrow Way Community School

Harrow Way, Andover, Hampshire, SP10 3RH Tel: 01264 364533 Fax: 01264 201010  
adminoffice@harrowway.hants.sch.uk www.harrowway.hants.sch.uk  
Headteacher: Mr M J Serridge

### **Section A: To be completed by the student**

**NAME OF STUDENT**..... **TUTOR GROUP**.....

**NAME OF COMPANY** .....

**COMPANY ADDRESS** .....

.....**POSTCODE** .....

**NAME OF PERSON CONTACTED** .....

**DATES OF WORK EXPERIENCE:** 8<sup>th</sup> – 12<sup>th</sup> July 2019

### **Section B: PARENTAL AGREEMENT – To be completed by parent**

I confirm that I have parental responsibility for.....  
and that I approve this placement.

Signed .....Name (please print) .....Date .....

### **Section C: To be completed by the Employer**

Please confirm by signing below that you agree to this placement and that a Harrow Way School Coordinator or their nominated representative may make a follow up visit by appointment.

Work experience job available .....

Hours expected to attend .....

Dress requirements .....

Please tick the following statements as appropriate:

I agree to a health and safety check being undertaken

I confirm that I have employer's liability insurance

Signed ..... Name (please print) .....Date .....

Position ..... E-mail .....

Telephone number.....