



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: 6th – 10th July 2020

Section B: PARENTAL AGREEMENT – To be completed by parent

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

SignedName (please print)Date

Section C: To be completed by the Employer

Please confirm by completing and 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 (including PPE)

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.....