PRO FORMA

TO BE COMPLETED BY THE EMPLOYER AND COUNTERSIGNED BY PARENT

THE THOMAS ADAMS SCHOOL ~ WEM

WORK EXPERIENCE PROGRAMME 2025 (Monday 14th July – Friday 18th July 2025)

PLACEMENT FORM 2024/25

Name of Student_____ Form_____

Name of Company_____

Name of Person to contact in company_____

Job Title_____

Address of company _____

_____

Contact Email (**Important**) _____

Telephone No. (**Important**)_____

Hours to be worked by student_____
(**normal** working hours whenever possible, not school hours)

Pre start interview *required/not required_____YES/NO
*(*delete as applicable)*

Current employer and public liability insurance is held by the company_____YES/NO (**Essential**)

Area of Employment (**E.G. Education**) _____

Where work will take place if different from the above address?_____

_____

Does the placement location or activities to be undertaken present a problem to a student who enjoys less than perfect health? If so, please specify.

_____

Any special requirements? (re: abilities, aptitude, attitude, dress etc)_____

_____

*Signature_____Date_____

*Parental Signature_____Date_____

STUDENTS:
Please return this form signed by the Employer and your Parent/Guardian to Student Reception
Any questions please contact Mr Hargreaves (james.hargreaves@tas.318education.co.uk) or 01939 237000.

Data Privacy
The information about your business that you provide will be kept until July, and then destroyed. We will keep an electronic copy of your business name, address and contact details until this time. We also pass on the information on to our Health and Safety advisors who state the following about your data: "The parties acknowledge and accept that the provision of the services will involve the transfer of personal data to the provider and the subsequent processing of personal data which will be governed by the provisions of the General Data Protection regulation 2018 or UK equivalent."