**Work Experience Student Pack**

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**PLEASE COMPLETE AND PASS TO YOUR WORK PLACEMENT EMPLOYER SO THEY HAVE ALL DETAILS NEEDED FOR YOU TO START YOUR PLACEMENT**

**Introduction**

At Cowley Sixth Form College, we believe that work experience is a valuable opportunity for many of our students, it reinforces their career choices, even if only to confirm what they do not want to do. For others, it can be a turning point in making them realise what they need to achieve to make sure they secure the best possible career path.

We have developed this student pack to ensure you provide all relevant information to your work experience provider.

**Student Information**

**Student Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Date of Birth |  | Age (on placement) |  |
| Home Address |  | Postcode |  |
| Home Phone No |  | Student Mobile No |  |
| Email Address |  | | |

**Medical Information**

|  |
| --- |
| Please provide details of any medical conditions that the employer would need to be aware of. Parents may need to discuss their child’s needs with the employer in advance of the placement taking place. |
|  |

**Parent/Carer Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Home Contact Number |  | Personal Mobile Number |  |
| Relationship to Student |  | | |

**School Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Mr R | Surname | Mason |
| School Contact Number | 01744 678030 | Emergency Contact Number | 01744 678030 |
| Email Address | enquiries@cowleysthelens.org.uk | | |

**School Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Mr D | Surname | Watkins |
| School Contact Number | 01744 678030 | Emergency Contact Number | 01744 678030 |
| Email Address | enquiries@cowleysthelens.org.uk | | |