

Newpark Comprehensive School



Work Experience Details

Transition Year

Student name: _____

Form teacher: _____

Date of Placement: _____

Business name: _____

Business address: _____

Nature of Business: _____

Contact name: _____

Telephone: _____

The following section must be completed by your Work Experience employer and the entire completed form returned to your Form Teacher.

I confirm that the Work Experience placement details above are correct and that _____ (company name) has a written safety statement as required by Section 12 of the *Safety, Health and Welfare at Work Act (1989/2005)*.

Employer's signature: _____

Date: _____