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| --- |
| (BLOCK CAPITALS PLEASE)  I am prepared to accommodate ………………………………………..……….. (Name of Student) of the above school from ………………………… to ………………………………. |
| (All parts of this section need to be completed) BLOCK CAPITALS PLEASE  Name of Company/Organisation: ………………………………………………………  Business Title (i.e. Manager) ……………………………………………………….  Address: ……………………………………………………….  ……………………………………………………….  ……………………………………………………….  Postcode: ……………..  Email address: ………………………………………………………..  Telephone: ………………………………………… |
| Current Employer and Public Liability Insurance is held by the company **YES/NO** |
| Tasks/work to be undertaken by the student ……………………………………………………………….  ……………………………………………………………………………………………………………… |
| Hours of work: …………………………………  Lunch arrangements: …………………………………………………………………  Special requirements i.e. dress code/skills etc: ………………………………………………………  ………………………………………………………………………………………………………...  ………………………………………………………………………………………………………... |
| Name of Employer (Please Print): ………………………………………………………  Signature: ………………………………………………… Date: ……………………….. |

***Return forms to Mrs Harding via Reception by:***

Out of County – **6th December 2019**  In County - **20th January 2020**