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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 PLEASEName 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**