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| **OLDBURY WELLS** **SCHOOL BASED WORK EXPERIENCE** **(Mon. 18th – Fri. 22nd July 2022)** |

Please follow the instructions carefully:

This form is a guide to the details you will need to request from your agreed placement. They will then need to be submitted via the MyTelford/EBL Database for approval.

Student Name:

Date of Birth:

Tutor Group:

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| **Placement Organised**

|  |  |
| --- | --- |
| Company Name and Address: |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Post Code: |   |
| Telephone Number: |   |
| Name of Contact: |   |
| Nature of work to be carried out:Has the employer confirmed that they have public liability insurance? |       |

**PLEASE ENSURE *ALL* DETAILS ARE COMPLETE** |