## **Work Experience Wishlist - May 2024**

## Monday 20 – Friday 24 May 2024

**Tutor:** 

**Student Name:** 

Date:

	ur placements cannot be app parent/guardian and returned	•			s been signed by
	acements: Please apply for <u>4 c</u> mplete and sign form below. I			· ·	line Wishlist and
the	ecement Description: For more reare are any special requireme count to read the placement of the placement Details: Employers	nts i.e. w descriptio	ork clothes, travelli on and risk assessm	ing etc. please log ir ent.	
	Employer:		Job Title:	Town/City:	Postcode:
1					
2					
3					
4					
1 2	nt/Guardian Consent:  ) Parent/Guardian signature w  ) Please indicate on placement arge will be payable to EBP Sou	if consen	it not given.	·	
Parent/Guardian Signature:					
Parent/Guardian Name:					

Please return your signed Wishlist to School Work Experience Coordinator ASAP