



St John Wall Catholic School Work Experience 2027 'Own Placement' Form

LEARN to WORK

Student Details (Capital letters)

Full Name _____

Form Group _____ Email _____

Male/Female (*please circle*) _____ Mobile _____

Placement Details (Capital letters)

Business Name _____

Full Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Email address _____

Type of work _____

Working Hours Start time: _____ Finish time: _____

(*6 hours a day minimum, latest finish time 8 pm*)

Dress Code _____

Special Requests _____

Name of contact person _____ (*please print*)

Signature _____ Date _____

**** FORM MUST BE HANDED IN BY THURSDAY 17 DECEMBER ****

TAKE A PHOTO OF YOUR COMPLETED FORM AND HAND IT IN TO MR
RATHBONE AS SOON AS POSSIBLE

PLACEMENT DATES: MONDAY 3 – FRIDAY 7 MAY 2027