

Executive Principal: Mr Paul Roberts
Deputy Headteacher: Miss Karen Athawes
Deputy Headteacher: Mrs Lisa Fraser



WORK EXPERIENCE OFFER

Student Name:..... **Form:**.....

Organisation Name

Address

Telephone No:

Contact Name:

E-mail address:

Approximate number of employees.....

We are able to offer a work experience for the week **22nd -26th June 2020.**

Type of work students will do:

Any special arrangements needed:

We confirm that this company/organisation has appropriate insurances and arrangements for health & safety and welfare in effect to meet the conditions for approval as a student work experience placement.

Health and Safety Assessments yes no

Public Liability Insurance yes no

Signed on behalf of company.....

Date.....

**Please return to : Mrs T.J. Hoof Cover/Data Manager/Work Experience Manager.
Ercall Wood Academy Golf Links Lane, Wellington, Telford. TF1 2DT.**