



Year 12 WORK EXPERIENCE STUDENT APPLICATION

This form should be completed neatly in black ink and signed by your parent/guardian and the employer offering your placement. This form must be completed and returned by the given deadline for you to proceed with the work experience process.

School Name	Blessed George Napier Catholic School and Sixth Form	Work Experience dates	22 nd June – 26 th June 2026
School Work Experience Co-ordinator	Mrs Soiza hsoiza@bgn.oxon.sch.uk	School Tel. No.	01295 264216

Student Forename		Surname	
Form/Tutor group		Date of Birth	
Home Address		Home Tel. No.	
		Mobile No.	
Post Code		Email address	
Emergency Contact name		Emergency Tel. No.	
Relationship to student			

List the subjects you are studying		List any achievements you have, such as music exams, sports certificates / awards, Duke of Edinburgh Award, School awards etc	
List any of your career choices that you think might require work experience as part of the course		List any Saturday jobs, after school, holiday jobs, previous work experience or voluntary work you have had	
List any interests or hobbies you have			

PARENT/GUARDIAN- please complete this section

Please indicate below any medical condition/s and/or special needs this student has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment.

Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties, Failure to notify us of any condition could put a student at risk.

PARENT/GUARDIAN AGREEMENT – to be signed by parent /guardian

I agree to the above student undertaking work experience. I agree to the placement as outlined by the employer below.

I understand that parents/guardians have responsibility for safety whilst the student is travelling to and from the placement and during the placement. I understand I must inform the employer & school of any absence during the work placement.

I understand that the employer has responsibility to ensure that so far as is reasonably practicable all necessary health and safety measures will be taken during the placement.

Parent/Guardian signature		Date	
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NOTE TO STUDENT:

On placement **you must** observe all health, safety, security and other rules laid down by the employer and made known to you verbally, in writing, or by displayed instructions and hold in confidence any information about the employer’s business that you may obtain during the placement and not to disclose such information to any other person without the employer’s permission.

WORK EXPERIENCE PLACEMENT INFORMATION**Employer:**

This form tells the school that you have offered a placement to this student. Please complete the form and sign it, so we know that this is a **real** placement offer. Forms should then be returned to Mrs Russell as soon as possible for processing.

Name of organisation offering placement			
Address		Contact’s Name	
Post Code		Contact’s job title	
Telephone No.		Email address	
Placement job title and description			

Placement Confirmation

I confirm that the student named above has been offered a placement with me/us for the dates stated.
I confirm I/we will have Employer Liability Insurance in place for the period the student is with me/us.

Employer signature		Date	
Employer Name		Employer job title	