



Career Development Placement Application Form

Career Development Placement Dates:

From: **Monday 5th October 2020** to: **Friday 9th October 2020**

First Name(s): _____ Surname: _____

Address: _____

Postcode: _____

Tel No: _____

Date of Birth: _____

Tutor Group: _____

Age when starting Career Development Placement: Years _____ Months _____

HEALTH

Information we should know about, e.g., if you have had a serious injury or illness over the last 6 months which may affect your placement.

Some health problems can affect your choice of Career Development Placement. Tell us if you suffer from anything listed below by ticking the appropriate boxes. **You or your parent must make the placement aware of any health issues that might affect your placement.**

	Mild	Severe		Mild	Severe
Skin allergy, e.g. eczema	<input type="checkbox"/>	<input type="checkbox"/>	Speech	<input type="checkbox"/>	<input type="checkbox"/>
Defective colour vision	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight (not applicable if only glasses worn)	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Physical movement – please give more details	<input type="checkbox"/>	<input type="checkbox"/>	Respiration, e.g., asthma	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>			

PLACEMENT DETAILS:

Company: _____

Which department will you be working in? _____

Contact Name: _____ Position _____

Name of person you arranged this placement with _____

Are you related to the contact? YES NO

Name of person you will be working with: _____

Company Address: _____

Postcode: _____ Telephone No: _____

Fax: _____ E-mail: _____

Type of Career you will be doing: _____

Start date: _____ End date: _____

Ask the company 'Have you got Employer Liability Insurance?' A placement **will not** be able to go ahead if the employer does not have this insurance in place.

Please provide any further information that may be useful about your placement.

PARENT'S OR CARER'S COMMENTS

I agree that my daughter or son can attend their Career Development Placement. I confirm that the health information on this form is correct.

Name _____ Signature _____ Date _____

Once you have contacted the placement and had it confirmed verbally please return this form to school. You can chase up the 'Placement Acceptance Form' after you have handed this in.

The deadline to return this form to Mrs Manley or Mrs Garnett in the main school office is Monday 5th April 2020.