WORK EXPERIENCE - AGREEMENT FORM 2024/25

All sections of this form must be completed in full prior to the placement start date. No work placement is to take place until this form is handed in to the lecturer, uploaded onto the Xtra system and approved by Work Experience Champion and Head of Learning.

Student Details	Student Number
Student Name	D.O.B
Curriculum Area	Course Code
College Course	
Course Lecturer	
Placement/Emplo	wor Dotails
Business Name	ryer betaits
Address	
Address	Post Code
Contact Name	Tel. No
Contact Email	Tel. NO
Contact Email	
Brief description of	
tasks/jobs you will be doing for your Work	
Experience	
Start Date	Finish Date
Start Time	Average Lunch Break Finish Time
Work Experience with:	Student's Employer (Paid) College Department Voluntary Organisation
Section 1 Studer	nt to Sign
	3
i) Hold in confidence any ir	nformation about the Employer's business which I may obtain during this work period and not to disclose such
i) Hold in confidence any ir information to another p ii) Observe all safety, secu	information about the Employer's business which I may obtain during this work period and not to disclose such erson without the Employer's permission. If the regulations laid down by the Employer and made known to me either by the Employer's representative or
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