

# PLACEMENT CONFIRMATION FORM

To be completed and returned to Mrs Wingfield in the Library **only when the placement has been formally confirmed.**

Please note all placement details must be confirmed by **December** in order to allow adequate time for Health, Safety and Insurance to be completed by Derbyshire County Council.

**ALL THE DETAILS BELOW NEED TO BE FULLY COMPLETED**

**Student Name:** \_\_\_\_\_

**Tutor Group:** \_\_\_\_\_

**Name of Company/Organisation:** \_\_\_\_\_

\_\_\_\_\_

**Company/Organisation Address:**

\_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Work Experience Job Title:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number (Landline):** \_\_\_\_\_

**Mobile Telephone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name of Department if applicable:** \_\_\_\_\_