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**Request for Work Experience Placement**

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| **Name:** | | **Date:** |
| **Contact Phone Number:** | | **Email address:** |
| **Your current College/ Provision** |  | |
| **Your current course being studied** |  | |
| **Dates for proposed placement**:  Please include duration of placement and days of the week |  | |
| **Preferences:**  Please indicate any preference of age range, need types etc |  | |
| **Additional information:**  Please indicate if you have any specific needs we may need to be aware of |  | |