

PAIGNTON ACADEMY - WORK EXPERIENCE PLACEMENT INFORMATION



DATES: 7TH-11TH JULY 2025

Once you have found your placement, please complete the form below:

EMPLOYERS SECTION

Organisation name:

Department:

Address:

Name of contact: Position:

Telephone:

E-mail:

- Does the company have Public Liability insurance? ☐ Yes ☐ No
- Does the company have Employer Liability insurance? ☐ Yes ☐ No
- Has the company taken students for Work Experience before? ☐ Yes ☐ No

PARENT/STUDENT SECTION

Student Name:

Form:

How did you find this placement? Is this through a friend, relative, neighbour? Did you write a letter, telephone or visit the employer?