



LongfieldAcademy

Work Experience Application Form 2024-2025

Forms to be handed to Miss Sandford (main office) by
Friday 15 November 2024

Personal Details

(Please complete **ALL** boxes below)

Student name:			
Date of birth:		Age at the start of the placement:	
Home address (including postcode):			
Parent's contact telephone:			

Placement Details

(Please complete **ALL** boxes below)

Company/organisation name:	
Address of where placement is to take place (including postcode):	
Placement contact name:	
Placement contact telephone:	
Placement contact email:	
Brief description of duties to be undertaken during placement (e.g. "admin"):	

Placement Confirmation

(Please complete **ALL** boxes points and tick each to confirm)

- I confirm that the work experience placement outlined above has been **agreed** by the company/organisation.
- I have **attached a letter of confirmation** of my work experience placement, provided by the placement organisation or the placement contact.

Turn over for next section

Medical Conditions

(Please ensure any medical conditions are made known to your placement)

Special Educational Needs

(Please ensure any special educational needs are made known to your placement)

Transport to/from Placement

Outline how you plan to get to and from your work experience placement.

Remember that all travel costs are the responsibility of parents/carers.

WEX Undertaking Agreement

Student's Undertaking

- I have discussed my Work Experience Placement with my parent/carer.

Student's signature:

Date:

Parent/Carer's Undertaking

- I have discussed the Work Experience Placement with my son/daughter.
- I agree to my son/daughter taking part in the Work Experience programme.
- I agree to the work experience placement my son/daughter has found.
- I understand that relevant medical information and emergency contact information should be provided to the work experience placement, and I will ensure my son/daughter has done this..
- I understand that I am responsible should any travel fares be incurred.
- I understand that all placements are Health and Safety checked by Kent Works. They arrange for checks to be made for health and safety purposes.
- I understand that no student can attend a placement unless it has been approved. I understand that last minute changes cannot be made, as a minimum of 16 weeks notice is required for health and safety checks (+2 weeks for out of area placements).
- I will/will not allow my son/daughter to travel on public transport (***delete as applicable***).

Parent/Carer's signature:

Date:



LongfieldAcademy

Work Experience

Monday 14th July 2025 - Friday 18th July 2025

Confirmation of Placement Form

(in lieu of confirmation on company headed paper)

TO BE COMPLETED BY THE WORK EXPERIENCE PLACEMENT PROVIDER

Placement Details

*(Please complete **ALL** boxes below)*

Name of student:	
Company/organisation name:	
Address of where placement is to take place (including postcode):	
Placement contact name:	
Placement contact telephone:	
Placement contact email:	
Brief description of duties to be undertaken during placement (e.g. "admin"):	

I confirm that the above named student has applied for a Work Experience Placement, and we have accepted to host their placement at the above stated address, for the duration of the period indicated, undertaking the duties listed on this form.

Name:	
Position in company:	
Signature:	
Date:	

Company stamp: