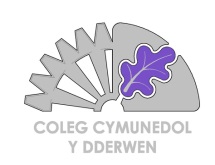
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**COLEG CYMUNEDOL Y DDERWEN**

**YEAR 10 WORK EXPERIENCE SELF PLACEMENT FORM**

**MONDAY 9thth TO FRIDAY 13th JULY 2018**

*To be completed by Pupil and Parent:*

**PERSONAL DETAILS:**

PUPIL NAME …………………………………………………….……………………………………………………………………

ADDRESS ……………………………………………………………………………………………………………………………….

TELEPHONE NUMBER …………………………………………………………………………………………….………………

COLLEGE eg Ruby …………………….................................................          FORM ………………………….

DATE OF BIRTH ………………………………………………………………………………………………………………………

NAME OF PARENT/CARER ……………………………………………………………………………………………………..

SIGNATURE OF PARENT/CARER ……………………………………………………………………………………………..

*To be completed by Employer:*

**DETAILS OF COMPANY OFFERING WORK EXPERIENCE:**

NAME OF COMPANY ……...……………………………………………………………………………………………………..

ADDRESS ……………………………………………………………………………………………………………………………….

TELEPHONE NUMBER …………………………………………………………………………………………………………….

NAME OF CONTACT PERSON …………………………………………………………………………………………………

POSITION WITHIN COMPANY …………………………………………………………………………………………………

TYPE OF WORK EXPERIENCE OFFERED …………………………………………………………………...................

……………………………………………………………………………………………………………………………………………….

SIGNATURE OF CONTACT PERSON …………………………………………………………………………………………

***Please return this completed form to the Heads of College Office - CCYD (First Floor) BY 25th May 2018***