

Key Stage 4



Year 10 Work Experience

16th-20th May 2022

**Arranging your own
placement form.**



DRONFIELD HENRY FANSHAWE SCHOOL

Established 1579

Student name: _____

Mentor group: _____

Placement details:

Placement name: _____

Placement address: _____
and Postcode: _____

Employer contact name: _____

Telephone number: _____

Mobile telephone number: _____

Occupation title/ Job role: _____

Department where your placement will be based: _____

Email address: _____

Placement declaration:

I confirm that I am aware that the information on this form will be stored on computerised systems at the LEA and at Careers Offices, which are subject to The General Data Protection Regulation (GDPR).

I understand that the confirmation of a work experience placement is subject to Health & Safety procedures via the County Council, including valid Employer Liability Insurance.



Signed (Placement): _____

Date: _____

**DRONFIELD
HENRY FANSHAWE
SCHOOL**

Established 1579

Green Lane
Dronfield
Derbyshire
S18 2FZ

Mrs L. Broomhead
01246 412372
lbroomhead@dhfs.uk



www.dronfield.derbyshire.sch.uk



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