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| **OLDBURY WELLS**  **SCHOOL BASED WORK EXPERIENCE**  **(Mon. 18th – Fri. 22nd July 2022)** |

Please follow the instructions carefully:

This form is a guide to the details you will need to request from your agreed placement. They will then need to be submitted via the MyTelford/EBL Database for approval.

Student Name:

Date of Birth:

Tutor Group:

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| **Placement Organised**   |  |  | | --- | --- | | Company Name and Address: |  | |  |  | |  |  | |  |  | |  |  | | Post Code: |  | | Telephone Number: |  | | Name of Contact: |  | | Nature of work to be carried out:  Has the employer confirmed that they have public liability insurance? |  |   **PLEASE ENSURE *ALL* DETAILS ARE COMPLETE** |