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| **Work Experience Own Placement Form – Internal****Referral request from:……………………………………………………………………****Section 1 – Young Persons Details**

|  |  |
| --- | --- |
| **Surname:** | **Placement Period:**From: |
| **First Name:** | To: |
| **Location:** | **Age:****Gender: M - F** |

**Can you please ensure the provider is informed of any special consideration that could affect a successful placement:****Advised support strategies’ within a work placement:**

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| **Section 2: Company/Organisation Details:**

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| Name of Company/Organisation:……………………………………………………………………………......................Position offered to young person:……………………………………………………………………………………………Contact Name:…………………………………………………………………………………………………………………Address:………………………………………………………………………………………………………………………..Post Code:………………………… Tel No:……………………………………………………………………………….Email Address……………………………………………………………………………………………………………….. |

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