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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:**   |  | | --- | |  | |  |
| **Section 2: Company/Organisation Details:**   |  | | --- | | Name of Company/Organisation:……………………………………………………………………………......................  Position offered to young person:……………………………………………………………………………………………  Contact Name:…………………………………………………………………………………………………………………  Address:………………………………………………………………………………………………………………………..  Post Code:………………………… Tel No:……………………………………………………………………………….  Email Address……………………………………………………………………………………………………………….. | |  |

