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**WEX 1**

**Hampshire Futures**

**Work Experience Request Form**

On behalf of Education Participation Team, North Hampshire

Young Person:…………………………………………………………….. Age:…………….

WEX Dates required……………………………………….

Geographical area for placement: ……………………………………………………….

List minimum 3 placement choices:

1st:………….……………….:2nd:……………………..…….. 3rd:……………………………

EPT/Progression Coach :……………………………………………………………………….

Email address:…………………………………………………………………………………

Phone number:…………………………………………………..

Please complete the following information for the employer hosting the Work Experience for the above named young person, as they should be made aware of any risks for assessment purposes.

|  |  |
| --- | --- |
| Ability to follow instruction and abide by Health & Safety Rules and regulations | Comments: |
| Any other factors to consider:  e.g. distance able/willing to travel |  |

**Please complete information (where applicable) on reverse - Sign and Date**



**Special Educational Needs (SEN):**

|  |  |
| --- | --- |
| Specific learning difficulties **(SpLD)** |  |
| Moderate learning difficulty **(MLD)** |  |
| Severe learning difficulty **(SLD)** |  |
| Profound and multiple learning difficulties **(PMLD)** |  |
| Speech, language and communication needs **(SLCN)** |  |
| Social, emotional and mental health **(SEMH)** |  |
| Autistic spectrum disorder **(ASD)** |  |
| Visual impairment **(VI)** |  |
| Hearing impairment **(HI)** |  |
| Multisensory impairment **(MSI)** |  |
| Physical disability (**PD)** |  |
| ‘SEN support’ but no specialist assessment of type of needs **(NSA)** |  |

Advised support strategies’ within a work placement:

|  |
| --- |
|  |

Any other known barriers to a successful work experience:

|  |
| --- |
|  |

EPT/PC/Staff Responsible:……………………………….Signed: ………………………………..

Date:……………………………….