**EWS Sixth Form Virtual Work Experience Form**

Name: Form:

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| --- | --- | --- | --- | --- |
| **Date** | **Virtual Experience Provider e.g. The Forage, Springpod, etc** | **Company/ Organisation** | **Description of the placement** | **Duration of the placement e.g. 6 hours** |
| Monday 17th July |  |  |  |  |
| Tuesday 18th July |  |  |  |  |
| Wednesday 19th July |  |  |  |  |
| Thursday 20th July |  |  |  |  |
| Friday 21st July |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student signature: |  | Date: |  |

**PARENT/CARER AGREEMENT TO PLACEMENT**

Please read the following guidelines before signing below.

* **Job Choices** – These should be discussed with your child and agreed by the parent/guardian.
* **Duration of the placement** – These will be shown on the Job Description
* **Virtual**- The nature of these placements are virtual therefore your son/ daughter will be working from home during this time, they will need to ensure that they are able to access the virtual placements and have the required equipment/ resources

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| --- | --- | --- | --- |
| Parent/ Carer name: (please print) |  | Date: |  |
| Parent/ Carer signature: |  | | |