

Pre 16 Work Experience Application Form							
Name	Tutor Group						
Home Postcode	Month & Year Birth		/				
Secondary School		Primary School					
Please list any ho	obbies, interests and any part time jobs						
	or Prescription Medication he responsibility of the student to inform	the employer of any of t	he helow:				
Trease Hote te is t	the responsibility of the student to inform	the employer of any or c	ne selow.				
Travel							
Arborfield	e you are able to travel to and how - Ple Kingsclere	ase state car, train, bus,  Streatley	bike or walk				
Alborneid	Kiligotiere	Streaticy					
Aldermaston	Lower Earley	Swallowfie	Swallowfield				
Beech Hill	Mortimer	Thames V	Thames Valley Park				
Burghfield	Newbury	Thatcham	Thatcham				
Calcot	Pangbourne	Theale	Theale				
Caversham	Purley	Three Mile	Three Mile Cross				
Central Reading	Shinfield	Tilehurst	Tilehurst				
Earley	Sindlesham	Twyford	Twyford				
Emmer Green	Sonning	Whitley	Whitley				
Goring	Southcote	Winnersh	Winnersh				
Grazeley	South Reading/Green Park	Wokingha	Wokingham				
Hungerford	Spencer's Wood	Woodley					
Other Areas (ple	ase give details):	1	1				

EBP ADMIN	DETAILS	DATE	INITIALS
PLACEMENT			
EMPLOYERS LETTER & RF			
STUDENT DESCRIPTION			
STAFF VISIT			

Using the boxes below please list your three placement options and why you are interested in them

## Do you intend to return an 'Own Placement form' before the deadline of Friday 12 January 2024? Yes / No

Choice 1	
Choice 2	
Choice 3	
Parent/Cuardian	
Darant/Cuardian	

## Parent/Guardian

I agree that my son/daughter may be placed for work experience in any of the choices indicated above. Once placed I understand that changes cannot be made. However, under exceptional circumstances it may be possible to change the placement. There will be a £60 charge for this. I consent to my son/daughter's details being passed to prospective placement providers. I accept that it is my responsibility to keep this information up to date. I acknowledge that due to Covid-19 pandemic there may be changes or restrictions on work experience

placements and that my child will follow government guidance if they display symptoms.

Signed Date

By signing this you are confirming you have read, understood and agree to how we are going to use and store personal information.

## How information about the student will be used and who we will share the student information with -

In order to manage the placement, EBP will process the student's personal data that is shared with us. This may include the student's name, school, employer, start and end dates and any special data shared with us (such as medical information). We will also share this data with the employer so that the employer can provide a work placement. EBP takes great care to look after personal data - you can read how we do this at http://educationbusinesspartnership.co.uk/privacy-policy/

How long we will keep information about the student - We will keep the information until the student is 25 years old, which is a legal requirement.

If you need any further information - Please email us at info@ebpwb.co.uk

Tutor's Administration with comments if	ration - Please comple necessary	ete the following on	a scale of 1 to 10 (	10 being the highe	est), and expand
Reliability		Attendance		Outgoing Personality	
Appearance		Communication Skills		Numeracy	
Literacy		SEN	Yes/No		

