Leigh Academy Longfield

Work Experience Application Form 2025-2026

Forms to be handed to Miss Sandford (main office) by

Friday 21 November 2025

Personal Details

(Please complete ALL boxes below)

Student name:			
Date of birth:		**Age at the start of the placement:**	
Home address (including postcode):			
Parent's contact telephone:			

Placement Details

(Please complete ALL boxes below)

Company/organisation name:	
Address of where placement is to take place (including postcode):	
Placement contact name:	
Placement contact telephone:	
Placement contact email:	
Brief description of duties to be undertaken during placement (e.g. "admin"):	

Placement Confirmation

(Please complete ALL boxes points and tick each to confirm)

- ☐ I confirm that the work experience placement outlined above has been **agreed** by the company/organisation.
- ☐ I have **attached a letter of confirmation** of my work experience placement, provided by the placement organisation or the placement contact.

Turn over for next section

Medical Conditions

(Please ensure any medical conditions are made known to your placement)

Special Educational Needs

(Please ensure any special educational needs are made known to your placement)

Transport to/from Placement

Outline how you plan to get to and from your work experience placement.

Remember that all travel costs are the responsibility of parents/carers.

WEX Undertaking Agreement

Student's Undertaking

- I have discussed my Work Experience Placement with my parent/carer.

Student's signature: **Date:**

Parent/Carer's Undertaking

- I have discussed the Work Experience Placement with my son/daughter.
- I understand that relevant medical information and emergency contact information should be provided to the work experience placement, and I will ensure my son/daughter has done this.
- I have made the placement aware of my child's medical and SEN needs.
- I understand that I am responsible should any travel fares be incurred. I will take responsibility for their travel be that privately arranged, or via public transportation.
- I have checked that the provision is safe and appropriate for my child and I give consent for them to undertake the placement.
- I will actively engage with the placement provider to ensure that any required paperwork, such as insurance liability, is completed and returned to the academy.

Parent/Carer's signature: **Date:**

Leigh Academy Longfield

Work Experience

Monday 13th July 2026 - Friday 17th July 2026

Confirmation of Placement Form

TO BE COMPLETED BY THE WORK EXPERIENCE PLACEMENT PROVIDER

Placement Details

(Please complete ALL boxes below)

Name of student:	
Company/organisation name:	
Address of where placement is to take place (including postcode):	
Placement contact name:	
Placement contact telephone:	
Placement contact email:	
Brief description of duties to be undertaken during placement (e.g. "admin"):	

I confirm that the above named student has applied for a Work Experience Placement, and we have accepted to host their placement at the above stated address, for the duration of the period indicated, undertaking the duties listed on this form. I confirm that the placement is inline with any policies/procedures set down by the organisation, and that I am aware of the student's health, medical and SEN needs as would be required to ensure they are safely facilitated on this placement.

Name:	
Position in company:	
Signature:	
Date:	

Company stamp / authorisation

Alternatively, a confirmation letter on headed paper would be acceptable.