



University Technical  
College Norfolk

## STUDENT WORK EXPERIENCE PLACEMENT FORM 2022

Student Information	
Name:	
DOB:	Form:
Phone:	
Address:	
School:	
Date of placement:	Location of placement:

Student Work Experience Agreement	
<p>I agree to take part in the placement as described throughout this form and will adhere to the standards expected of me while at the place of work. I will follow the workplace's health and safety procedures and any training that I am required to take. I will also report any concerns I have regarding the placement and/or health and safety to a senior member of staff. I will carry out the tasks required of me during the placement to the best of my abilities.</p>	
Signature:	Date: