



**WORK EXPERIENCE PLACEMENT
HOST EMPLOYER CONSENT FORM
(Return along with Attachment B to Calrossy)**

Please complete and return this form and the attached acknowledgment

I/We agree to offer the Work Experience program outlined below:

NAME OF STUDENT:

TELEPHONE:

STARTING DATE:

FINISHING DATE:

NAME OF EMPLOYER:

WORK EXPERIENCE POSITION:

ADDRESS OF EMPLOYER:

CONTACT PERSON AT EMPLOYER:

PHONE:

E-MAIL:

PERSON WHO WILL BE SUPERVISING STUDENT:

(if different from the above)

PHONE:

E-MAIL:

SUMMARY OF TASKS THE STUDENT IS LIKELY TO PERFORM:

SPECIAL REQUIREMENTS (CLOTHING, FOOTWEAR ETC):

WORKING HOURS: Start:

Finish:

Lunch:

ANY OTHER COMMENTS: _____

Signature _____

Date _____

Return to Mr. Charles Impey: Charles.Impey@calrossy.nsw.edu.au