

YEAR 10 WORK EXPERIENCE LETTER

School Name: _____ Reference Number: _____

Student Details:

Full Name: _____

Date of Birth: _____

Year Group: _____

Employer Details:

Employer Name: _____

Address: _____

Contact Name: _____

Contact Phone/Email: _____

Placement Details:

Placement Role/Position: _____

Placement Location: _____

Duration of Placement: _____

Supervisor Name: _____

Supervisor Contact: _____

Work Experience Confirmation:

This letter confirms that the above-named student has completed a work experience placement with the employer detailed above. The placement provided valuable insight into the workplace, allowing the student to develop skills relevant to their education and future employment.

Employer Statement:

The employer confirms that the student has been supervised throughout the placement and that reasonable health and safety standards have been maintained in accordance with UK legislation. The employer acknowledges that the student is not an employee of the organisation and that this placement is voluntary and educational in nature.

School Statement:

The school endorses this work experience placement as meeting the educational objectives and safeguarding requirements as outlined in the Department for Education guidance. The school remains the student's primary educational institution and retains responsibility for the student's welfare.

Legal Compliance:

This work experience placement is conducted in compliance with all applicable UK laws and regulations, including but not limited to the Health and Safety at Work Act 1974, the Children and Young Persons Act 1933, and relevant guidance issued by the Department for Education.

Signatures:

School Representative

Employer

Student

Name:

Name:

Name:

Signature: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Date: _____

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