**Industry Placement/Work Experience Form**

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| **Student Name:** | **Course Title and Level:** |
| **Student ID:** | **Campus:** |
| **Date of Birth:** | **Age:** |
| **College Email Address:**  **PLEASE MAKE SURE YOU CHECK YOUR COLLEGE EMAIL ADDRESS REGULARLY FOR MESSAGES RELATING TO YOUR IP/WORK EXPERIENCE.** | |
| **Any health/medical issues** | |

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| **Company Name:** | **Contact Name:** |
| **Company Address:** | **Contact Position:** |
| **Email:** |
| **Phone:** |
| **IP/Work Experience Start Date:** | **IP/Work Experience End Date:** |

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| **Code of Conduct:**  **Before my work experience I will…**  Decide with my tutor the skills I hope to develop on my IP/work experience  **During my work experience I will…**   * Listen carefully to the induction and safety briefing, so I can work safely during my IP/work experience * Always behave in a courteous and professional manner * Dress appropriately for the work experience * Be punctual and notify my Line Manager by 9.00am if I’m going to be late or absent for any reason * Observe the company regulations * Complete your feedback on Grofar on a weekly basis * No Student can end their placement without consulting their Industry Placement officer (IPO)   **Declaration:**  I agree to commit to my IP/Work Experience and follow the code of conduct as outlined above.  Signed: *Student to sign here:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |