**Industry Placement/Work Experience Form**

|  |  |
| --- | --- |
| **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** |

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

|  |
| --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |