



**Year 12 Work Experience
22 – 26 June 2020**

Please complete this form and give it to your Supervisor at your placement on your first day.

Name	
Date of Birth	
School & contact	Mr M Flynn Highdown School and Sixth Form Centre maflynn@highdown.reading.sch.uk Tel: 0118 901 5800
Emergency Contact 1	Name: Tel No:
Emergency Contact 2	Name: Tel No:
Relevant Medical Details (e.g. Epipen, Inhaler etc.)	