



**CHINGFORD FOUNDATION SCHOOL**  
**UPPER SCHOOL**  
**Work Shadowing Information**

Please complete the form fully, so that we can ensure that our records are accurate. This is particularly important when this information is used to write future UCAS/Careers references. Please complete this form in BLACK INK and return it to the Upper School office.

**Student Details**

Student Name	Tutor Group
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Name, Address & Contact details of Work Shadowing employer:

Area / Type of Business:

Dates of Work Shadowing:

Type of activities to be engaged in by student:

**DECLARATION:**

I can confirm that I will be completing Work Experience / Work Shadowing / Volunteering through the above placement. I realise that the arrangement operates directly between myself and the above organisation and have informed the above employer of any relevant medical/health issues they need to be aware of.

Student signature:..... Date: .....

Parent/Carer signature:..... Date: .....