

**COMMUNITY CARE PLACEMENT FORM**

***Section 1 to be completed by student.***

**Student’s Name: Class:**

**Name of place or person offering this placement:**

**Email Address of person offering Community Care:**

**Address of place:**

**Telephone No:**

**Fax No:**

**Summarise the type of community care you will be doing on placement:**

**Dates of placement: Monday November 9th to Friday 13th 2020**

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***Section 2 to be completed by person(s) offering community care placement.***

**Name:**

**Contact Telephone number:**

**I/We the undersigned confirm that I / we will give**

**A community care placement in the above place from Monday November 9th to Friday 13th 2020.**

**Signed:**

**Date:**

***NOTE: This community care work is unpaid and is fully covered by the school insurance.***