



LCA Work Experience Placement Form

(Every Tuesday during the academic year 2025 - 2026)

This form is to be completed by the student when the employer has confirmed that she /he is accepting the student. **It should not be sent to the employer. It should then be returned (hard copy only and not emailed) to Mr. Broderick as soon as possible.**

LCA Student's Name: _____

Class: _____

Name of Employer: _____

Address of Employer: _____

Tel/Mobile of Employer: _____

Employer's relationship to student (e.g Parent, friend, uncle, none...)

Contact Person (full name): _____

Work begins and ends at (times): _____

Date of placement: _____

What will the LCA student be doing?
