

Work Experience Registration Form

Dear Sir,

As a careers teacher at the European School Munich, I am involved in the organisation of two weeks of work experience which is an important part of our programme for our year 10 students.

The aim of this activity is to give students some insight into the world of work. These young people are aged 15 or 16 years old and are educated in more than one language at the European School. They are able to work effectively in their mother tongue and in other languages. Work experience is an important part of a student's personal development and the programme has been running successfully for many years. We wish to give our students this opportunity again in 2012.

We would therefore be extremely grateful if you were able to accept one or more students from our school for the two weeks of work experience. We expect students to follow the normal pattern of a working week at your place of work. The students are not allowed to receive payment for any work that they do in the period of work experience. At the completion of the two week period, we would be very grateful if you could provide us with a short report about the student's performance.

The work experience takes place at the end of our academic school year and runs from Monday 25th June 2012 until Friday 6th July 2012. If you are able to accept one or more students, please fill in the form attached and return it to me by post, fax or email. Alternatively, a letter with all of the contact details would also be fine.

My contact details are as follows:

School fax number (0049)(089) 62816 444

Telephone. (0049) (089) 62816 0

email: grahamcjohnstone@yahoo.ie

European School Munich,
Elise- Aulinger Str 21
81739 Munich

Thank you very much for offering to give up your time to help in this extremely worthwhile programme. Hopefully, the student(s) that you have accepted will also be of considerable help to you.

Best wishes,

Graham Johnstone



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EUROPEAN SCHOOL, MUNICH
To Mr. Graham. Johnstone
ELISE AULINGER STR 21
D-81739 MÜNCHEN,
GERMANY
TEL: (0049) (089) 62816 0
FAX: (0049)(089) 62816 444

Email: grahamcjohnstone@yahoo.ie

NAME OF ORGANISATION:

ADDRESS:

TELEPHONE NUMBER: _____

FAXNUMBER: _____

CONTACT PERSON: _____

I am prepared to accept one or more work experience participants for two weeks from 25/06/2012 to 07/07/2012.

Name of students: _____

Signed _____