



EMPLOYER REPORT

From: _____ To: _____

Student: _____ :

EMPLOYER DETAILS

Job Title:

Job No:

Contact Tel:

Supervisor:

STUDENT DETAILS

School/College:

Form / Group:

Gender:

Date of Birth:

Age when W/E starts:

On completion of the work experience please discuss the placement with the student and complete the following report to contribute evidence of the student's key skills and competencies. The form should then be returned to the EBP - SW Office.

Excellent/Good/Acceptable/Not Acceptable		E	G	A	N	Excellent/Good/Acceptable/Not Acceptable		E	G	A	N
Personal	Interview					Teamwork	Ability to work in group/team				
	Timekeeping					Responsibility	Initiative/cope with pressure				
	Attendance					Problem solving	Accuracy				
	Appearance					Study skills	Learning ability				
Communication	Written/Oral										
Relationships	with Manager/Supervisor										
	with colleagues					Number of days worked by the student					

As this report may be used as part of the student's record of achievement, your written comments below would be appreciated.

This work experience is co-ordinated by CSW Enterprise on behalf of local schools and colleges in line with the national curriculum objectives to help young people gain skills for life.

Signed _____ Position _____ Date _____