

**Appendix 2**

**PLACEMENT CONTACT DETAILS FORM**

|  |  |  |
| --- | --- | --- |
| **Company name:** | |  |
| **Company address:** | |  |
| **Contact name:** | |  |
| **Contact email:** | |  |
| **Address of the site at which the placement student will be engaged**  ***(if different from above)*** | |  |
| Please indicate if there are any health restrictions or medical fitness requirements associated with the envisaged activities for this placement: | | |
|  | | |
| Signed: |  | |
| Date: |  | |

Please return completed forms to:

[Insert placement office address and email details here]