**The Bishop of Winchester Academy**

**Key Worker Place Request Form**

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| **Request place for:** |
| Name of child/ren: |  | Year Group/s: |  |
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| **Key Worker details:** |
| Name of key worker/s: |  |
| Key worker details:(please include name and address of employer and provide photographic id of employment) |  |
| Contact details:(please include contact number and email address) |  |

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| **Details of required placement:****(please include details of dates and hours place is required)** |
| Days/dates | Arrival time: | Departure time: |
| For example:1. Monday, Wednesday & Friday weekly
2. Week beginning 1st June – Tuesday & Wednesday

Week beginning 8th June – Monday & Friday  | 9.00am8.30am8.30am | 1.00pm2.30pm1.30pm |
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