**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 | 9.00am  8.30am  8.30am | 1.00pm  2.30pm  1.30pm |
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