

**WORK EXPERIENCE REPORT
SELF ASSESSMENT FOR STUDENTS**

Student Name: _____ Year: _____

Work Experience position: _____

Name of firm / organization: _____

Address: _____ Postcode: _____

Contact Person: _____ Phone: _____

Email: _____

Date Started: _____ Date Finished: _____ Days absent: _____

Was this placement in your chosen career field: Yes / No

Why did you choose this position? _____

What tasks were you required to do at this work site? _____

Is this what you expected the job would involve? Yes / No / Partly

The aspects of this job I found enjoyable were _____

The aspects of this job I found difficult or unpleasant were _____

What I learnt about the job as a result of this workplace experience was _____

What skills, knowledge and attitudes would be important for succeeding at this job?

Has this experience changed your career aspirations? Yes / No / Perhaps

If yes, what changes would you like to make to your career goals? _____

