



Work Shadow Attendance Confirmation

This serves to confirm that our company/institution accommodated a learner from the Deutsche Internationale Schule Kapstadt for their **Work Shadow Programme from 18-22 October 2021.**

Name of company/institution: _____

Name of learner: _____

Dates of placement: _____

Total number of hours attending placement: _____

Short description of work done by learner: _____

Contact details of person responsible at company: _____

Signed by: _____

Position held: _____

Date: _____