

2012 WORK EXPERIENCE CONSENT FORM

Please return completed consent form to Ms Gough in Mrs Augers office by **Monday 9 January 2012**.

Print name of child: _____ Form: _____

Student Consent

I agree to take full part in my work experience. I will not pass on any information about the business to another person without the Employer's permission. I also agree to observe all safety, security and other rules explained to me or displayed where I work.

Signed by pupil: _____ Date: _____

Parents/Carers Consent

I the parent/carer* of the above named student have read the Parents and Pupils Information booklet and agree to my child participating in the school's work experience programme. I agree that he/she* should observe the conditions set out by the school and the employer and will encourage him/her* to do so.

My child does/doesn't* have a medical condition that could result in an unnecessary risk to his/her health & safety or of others within the work place. If you answered 'does' please describe the condition below:

Medical Condition: _____

My child does/doesn't* have a criminal conviction. If you answered 'does' please indicate the nature of the conviction in the space below.

Criminal Conviction: _____
(Should you have any doubts, please consult the WRL Team before signing the form).

Parent Name: _____ (Please print) Sign: _____

Date: _____

Consent for Photographs

Students maybe photographed during work experience for the purpose of assessment, publicity and training. Please tick the appropriate box and sign below if you agree to your child being photographed during their work experience placement.

Photographed by School only Photographed by School and Employer

Parent Name: _____

Sign: _____ Date: _____

Consent for Pre-Placement Interview

I give consent for my child _____ to attend a pre-placement interview during school time to meet their work experience employer before their placement begins.

Sign: _____ Date: _____