

## Work Experience Agreement / Student - Parent

Monday 10th July – 14th July 2023

To ensure that all students who undertake a period of Work Experience are safe and have an enjoyable experience we require that you complete this agreement form and return it to your form tutor.

### Student Consent

Student's name: \_\_\_\_\_

As the student named above I agree:

To take part in the Work Experience Programme.

To hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.

To strictly observe all the instructions of the person guiding me and to comply with all health and safety regulations so that I do not injure myself or any other person.

Student Signature:

Date:

### Parent/Carer Consent

As parent/carers of the above mentioned student I agree to my child taking part in the Work Experience Programme and acknowledge the need for responsible behaviour on his/her part so that they do not injure themselves or other persons. I acknowledge the necessity to provide the employer with medical and contact information and give my consent for the information contained on this agreement form being disclosed to them.

### Medical Information

Does your son/daughter suffer from any medical conditions which the employer should be aware of or which could result in an unnecessary risk to his/her health and safety or to the safety of another person?

Yes / No (Please circle) If Yes please specify:

Does your son/daughter need to take any medication whilst on their placement?

Yes / No (Please circle) If Yes please specify:

Is your son/daughter allergic to any medication?

Yes / No (Please circle) If Yes Please Specify:

**Emergency Contact Numbers:**

School will be the main contact in the event of an emergency between the hours of 8:30am to 3:00pm, however, your child may be required to work outside these hours and we are, therefore, required to supply the employer with an alternative contact name and telephone number.

Please insert below the contact name and telephone number of the person to be contacted in the event of an emergency.

Name:

Tel No:

School Contact: R Farrington-Evans

Telephone: 0161 773 2052

I undertake to inform the school / employer as soon as possible of any change in medical or other circumstances between now and the commencement of the Work Experience Placement which the employer or school may need to be aware of.

I understand that information contained on this form will be forwarded to the Employer by School before your child attends their placement.

Due to GDPR legislation we require consent to share your emergency contact details with the work experience provider. Please complete this form and sign giving permission. Without permission, your child will not be able to take part in their work experience placement.

Parent Signature:

Print Full Name:

Date:

**Please return to your child's form tutor.**