



PARENT CONSENT FORM

Year 12 Work Experience 2021

(You may complete this form electronically instead of printing)

Name of Student:..... Form Date of Birth.....

1. I consent to my son/daughter spending the above period on a work placement.
2. I understand that no payment in respect of work done may be made, although employers may offer assistance with lunches and fares if they so wish.
3. I understand that my son/daughter will not be allowed to undertake workplace experience which might be unsuitable for him/her on medical grounds. I know of no medical reason why he/she should not take part in work experience.

To help us make sure that pupils are given suitable work experience placements, please provide us with the following information.

Does your son/daughter have any of the following?

	Yes	No
allergies/skin conditions		
conditions affecting mobility or the use of arms or legs		
asthma		
diabetes		
epilepsy		
impaired colour vision		
impaired eyesight		
impaired hearing		
Other medical conditions (please specify):		

If you have answered yes to any of the above, please give details:

Please give details of any regular medication required:

4. I understand that my son/daughter will be required to undertake the following:
- (a) S/he will not disclose to a third party any confidential information relating to the employer without the employer's approval.
 - (b) S/he will obey health & safety, security and other instructions given by the employer.
 - (c) S/he will notify both the school and employer in the event of not being able to attend Work Experience on any day.
 - (d) S/he will make an introductory visit to the employer where required to do so
5. I understand that the school will monitor my son's/daughter's progress on the work placement and seek a report from his/her supervisor. A student may be withdrawn from work experience if reports are unsatisfactory.

If there are any problems about work experience travel costs beyond Tring or if help is needed with lunch costs or the registration fee, then please indicate in the space below:

Please could you supply us with an emergency telephone number for the week of work experience:

Signed Parent/Guardian

Date

All forms must be returned to Mr Curry