



Work Experience Consent Form

School Name:	North Cestrian School, Dunham Road, Altrincham, Cheshire WA14 4AJ 0161 928 1856
Student Name:	Tutor Group:

Does your son/daughter suffer from **ANY** condition, physical or psychological or have any individual needs, which may affect the health, safety or welfare of themselves or any other employee at the workplace? YES [] NO []

If **yes**, please provide details

Is your son/daughter on any medication? YES [] NO []

If **yes**, please provide details

Please explain how you think this may affect them on placement

- Employers do need to be made aware of any condition, physical or psychological or individual needs that your child may have that may impact on the work experience placement.
- If the school is aware of any information that they feel the employer needs to be made aware of that is not mentioned above, then the school will contact the parents and student to discuss and obtain consent to pass the information to the employer.
- If permission is not given to pass the information onto the employer, then the student may not be able to participate in the work experience programme.
- Where your child is placed in a "care" environment with children or vulnerable adults the parent/carer must also consent to enquiries being made as to whether they are known to the local youth offending service

I agree that the health, safety & welfare information on this form is correct. The information on this form will be shared with the employer in the interest of health and safety.

I would like my **son / daughter** to take part in the Work Experience Programme from **15th July 2019 to 19th July 2019** and I understand that Work Experience is voluntary and therefore unpaid.

Parent/Carer Name.....

Parent/Carer Signature.....Date.....

To be signed by the student:

- *I understand that I will be expected to treat all information that I may have access to on placement with the strictest confidence and I must not pass on any sensitive information from my work placement, directly or via social networking sites.*
- *I also understand that I will be expected to refrain from using my mobile phone during working hours.*
- *I will phone my employer if I am going to be late or absent for any reason.*

Student Signature.....Date.....