

**CONSENT OF PARENT/ GUARDIAN  
FOR WORK EXPERIENCE 2016/2017**

I am willing for my son/daughter

- To participate in a Work Experience Scheme with an approved employer who has up to date Employers Liability Insurance
- I understand he/she will not receive help with travel expenses
- I understand that he/she will not receive payment.
- Your son/daughter is expected to make own travel arrangements to their work experience placement. If you have any concerns regarding independent travel then please contact Mrs O'Donnell. In the unlikely event the placement is terminated and the employer does not want the student to remain on the premises, school will inform parent/carer with immediate effect so clear instructions can be given to the employer about the student returning to school.
- It is likely your son/daughter will not be supervised during lunchtimes whilst on their work placement. Therefore the student may choose to leave the employer's premises.

DATE .....

SIGNED .....

(Parent/Carer)

Name of Student .....

Form Group: 10....

**HEALTH DETAILS**

In order to ensure that your son/daughter obtains suitable work experience placement it is important to take into account any health concerns you may have.

It is therefore important for you to answer the following:

Do you have any health concerns about your son/daughter participating in the Work Experience Scheme?

YES / NO (delete as appropriate)

If YES, please explain below:

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