Work Experience Parental Consent Form

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my son/daughter to take part in the full programme of activities involved in their work experience placement and have read the information provided by Sandhill View Academy.

I acknowledge that my son/daughter must make their own travel arrangements to and from the placement and that he/she will take responsibility for their lunch arrangements. In the event of the student named above being ill or injured during the work experience, I accept that the employer will contact the school or Futurework and that I will be informed accordingly. I understand that during the period of the work experience placement my son/daughter will be in the care of the employers and under their instructions.

Whilst on work experience placement, Sandhill View Academy will inform the employer of your son’s/daughter’s emergency contact and medical details in order to comply with Health and Safety in the workplace regulations. We will assume that return of this form indicates that you are in agreement with this information being shared with employers.

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| --- | --- | --- |
| Student details: | | |
| Full name |  | |
| Date of birth |  | |
| Home address |  | |
| Postcode |  | |
| Contact name of  parent/ carer | Contact telephone number(s) | Relationship to student |
| Additional contact name of parent/ carer | Additional contact telephone number(s) | Relationship to student |
| Additional contact name | Additional contact telephone number(s) | Relationship to student |

ADDITIONAL NEEDS – IMPORTANT :  
Should there be any additional medical, religious, dietary or other information which you think the employer should know about your son or daughter please explain below:

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Parent/Carer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017