**Work Placement Parental Consent Form 2021-22**

**Name of student ………………………………………………………. Tutor Group…………………………….**

*Please tick the box when each statement has been read and accepted.*

🞎 I give permission for my child to take part in the full programme of activities involved in their work experience placement and have read the information provided by the academy.

🞎 I acknowledge that my child must make their own travel arrangements to and from the placement and that they will take responsibility for their lunch arrangement.

🞎 I understand that in the event of the student named above being ill or injured during the work experience, I accept that the employer will contact the academy and/or parents/carers.

🞎 I understand that during the period of work placement my child will be in the care of the employers and under their instructions.

🞎 I will notify the academy and the placement if my child is unwell and is unable to attend.

*Whilst on work experience placement Sandhill View Academy will inform your child’s employer of their 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 and you have a duty to inform us if any changes need to be made to the information below. In addition, if your child has an Education, Health & Care Plan (ECHP), a copy of this will also be shared with the employers.*

|  |  |  |
| --- | --- | --- |
| **Student Details** | | |
| Forename |  | |
| Surname |  | |
| Date of birth |  | |
| Home address |  | |
| Postcode |  | |
| Contact name of parent/carer | Contact telephone number(s) | Relationship to student |
| Secondary contact name | Secondary contact telephone number(s) | Relationship to student |
| Additional contact name | Secondary contact telephone number(s) | Relationship to student |

**MEDICAL INFORMATION – IMPORTANT**

Should there be any additional medical, religious, dietary or other information which you think the employer should know about your child please explain below:

Parent/carer name: …………………………………...………………………………..

Parent/carer signature: ……………………………….…………………………………… Date: ……………………………………………

Relationship to student: ……………………………………………………………………..