



**YEAR 10 WORK EXPERIENCE PARENTAL CONSENT FORM 2019**

I agree to \_\_\_\_\_ (student's name and form) participating in a work experience placement between 1/7/19-5/7/19.

I understand that in signing this form:

- I am confirming that I have informed the school of the work experience placement details by completing the Year 10 work experience: Employers' information form.
- I am agreeing to my child being on work experience from 1/7/19-5/7/19 inclusive.
- I am satisfied that the employer has valid Employers' Liability Insurance in place for the duration of the placement.
- I am satisfied that the employer has risk management arrangements in place for the duration of the placement.
- I have informed the employer of any special educational need, disability or medical need of my child, if applicable.
- I agree to update the school if any details of the placement change or if my child is absent during this period

Please return this form as a hard copy to Mrs Littleboy in reception no later than Monday 3<sup>rd</sup> June.

Name: \_\_\_\_\_ Parent/Carer/Guardian

Signed: \_\_\_\_\_ Parent/Carer/Guardian

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