

 Year 10 Work Experience Parental Consent Form

Work Experience is an exciting introduction to the world of work for students as they are required to take on the responsibilities of finding a placement, contacting employers and applying for opportunities. In an ever changing employment landscape it is important for students to have a combination of practical experience as well as qualifications in order to have a better chance of being employed in the future.

In order for students to undertake Work Experience we must have parental consent. By signing and returning this form you give permission for you son/daughter to take part in the Work Experience Programme from **Monday 11 th – Friday 15th July 2022**.

 **[PLEASE COMPLETE USING BLOCK CAPITALS]**

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| --- | --- |
| **Student Full Name** |  |
| **Tutor Group** |  |
| **Student Contact Details (Email & Mobile Number)** |  |
| **Relevant Medical Conditions-****Medication Student requires-** |  |
| **Work Placement Company Name** |  |
| **Parent/Carer Full Name** |  |
| **Parental/Carer Signature** |  |
| **Parent/Carer Contact Details (Email & Mobile Number)** |  |

In the unlikely event that your son/daughter is involved in an accident or injury whilst on their Work Experience placement the school cannot be held responsible and is unable to accept liability.

I understand that my son/daughter is to undertake their Work Experience placement during Year 10.

**I understand that this placement is entirely at my own risk and I absolve William Perkin and any employees of William Perkin of any responsibility in this matter.**

It is my responsibility to organise and carry out the necessary health and safety checks of the placement, including ensuring that all necessary insurance cover is in place.

Name of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**This form MUST be completed and returned to Mr Chugg by FRIDAY 3rdh DECEMBER 2021**