


Work Experience - Parent/Carer Consent Form

This form MUST BE returned to school no later than Friday 2nd February 2024.

Student Details

darren.astbury@hccs.info [Switch accounts](#)

 Not shared



* Indicates required question

First Name *

Your answer

Surname *

Your answer

Date of Birth *

Date

dd/mm/yyyy



Gender *

Female

Male

Form Group *

Your answer

Placement Start Date *

Your answer

Placement End Date *

Date

dd/mm/yyyy



Employers need to know of any medical / behavioural needs that your child has that may affect their work experience placement. Please tick for each of the conditions below:-

- Colour Blindness
- Migraine
- Epilepsy and /or Fainting Attacks
- Impaired Hearing
- Impaired Eyesight - not corrected with glasses
- Inflammatory Joint Condition
- Skin Problems
- Heart Trouble and/or Blood Pressure Problems
- SEN / Behavioural
- Back Problems
- Claustrophobia
- Asthma, Bronchitis and/or Shortness of Breath
- Psychiatric or Mental Illness
- Physical or Other Disability
- Diabetes
- Severe Head Injury
- Fractures, Tendon, Ligament/Cartilage Damage

Allergies

Your answer

Medication

Your answer



Other Health Issues

Your answer

If you have ticked any of the above please state here how this may affect your child whilst on placement.

Your answer

To Parent / Carer. Please note that nearer to the time of work experience, school will issue the job description details of the placement your son/daughter will be attending. On the job description it will include details of the days / hours of work, clothing requirements, duties to be undertaken, specific placement requirements and the employer's Health, Safety and Welfare assessment.

If you do not receive the job description information before the placement start date - please contact the school work experience coordinator. If you have any queries on receipt of the job description, please contact the school work experience coordinator.

- * Protecting your privacy is important to us. By signing this form you are agreeing for your information being held on our database. We will not pass your details on to any third party unless it is in relation to a work experience placement that the student is to attend.
- * Parents/Carers are reminded that under the Health and Safety at Work Act 1974, students are classed as employees and will be subject to the same legal requirements as employees to take care of themselves and others.
- * It is a criminal offence to misuse or interfere with anything provided in the interests of health and safety.
- * Parents/Carers are responsible for their child's travel arrangements to and from their placement.
- * Parents/Carers should support the school by ensuring their child makes contact with the employer 4 weeks before the placement begins.
- * Parents/Carers should notify the school immediately if their child does not attend their placement for any reason.
- * Parent/Carers are reminded that if their child does not attend an organised work experience placement, they will be expected in school.



Student Declaration

- * I confirm that all the information on this form is correct and that it may be passed to my employer so that they can oversee my safety while on placement.
- * I understand that I may have access to sensitive information whilst on placement and understand I must not share this either directly with anyone or via Social networking sites.
- * If I am placed in a care environment for children or vulnerable adults I understand this may be subject to a Youth Offending Service check.
- * I understand I will NOT use my mobile phone during working hours.
- * I understand I must contact my employer 4 weeks before the start of the placement to confirm my attendance.
- * I will phone my employer to notify them if I will be late or absent for any reason.
- * I will notify school immediately if I am absent from my placement or the placement has been cancelled.

Name *

Your answer

Date *

Date

dd/mm/yyyy

Parent/Carer Declaration

- * I would like my child to participate in the Work Experience Programme and I understand this is part of my child's education and is therefore unpaid.
- * I understand that I will receive my child's placement details nearer to the time and will contact the school work experience coordinator if I have not received them or have any queries.
- * I confirm that all the information on this form is correct and that it will be passed to the employer so that they can oversee the safety of my child while on placement. I will also notify school if there are any changes to my child's health.
- * I understand that my child may be subject to a Youth Offending Service check if placed in a care environment.
- * I am happy for my child to travel to get to and from their work placement, within an acceptable distance.
- * I will ensure the employer /school are made aware on the first morning if my child is absent for any reason.



Photographs / Social Media: Photographs are often taken of students in the work *
place and posted on social media eg, twitter, to show student participation.

I agree to this

I do not agree to this

Name *

Your answer

Date *

Date

dd/mm/yyyy

Please return to jenny.bayley@hccs.info

Submit

Clear form

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