

## TO BE COMPLETED BY PARENTS / CARERS

### WORK EXPERIENCE SELF PLACEMENT CONSENT FORM TO BE RETURNED TO MRS OSBORNE BY 13<sup>TH</sup> DECEMBER 2019

<b>PUPIL NAME:</b>	<b>Male</b>	<b>Female</b>
<b>Tutor Group:</b>	<b>School: Reepham High School</b>	
<b>Dates of work experience</b>	<b>from: Mon 6th July 2020</b>	<b>to: Fri 17th July 2020 incl.</b>
<b>Date of Birth:</b>	<b>Phone no.</b>	

#### HEALTH DECLARATION

To ensure that there are no unnecessary risks to the health & safety of this pupil or the health & safety of another person, please indicate below any medical condition the pupil is suffering from which the employer should be made aware of (eg: asthma):

#### TO THE PUPIL:

As the pupil named above, I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employer's business which I may obtain during this work period, and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

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

#### TO THE PARENT / CARER:

As the parent/carer of the pupil named above I confirm that I have read and understood this form and agree to his/her taking part in the scheme and understand that he/she will observe the conditions set out. I confirm the information on this form can be passed to the placement provider if necessary.

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

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