

TO BE COMPLETED BY PARENTS / CARERS

WORK EXPERIENCE SELF PLACEMENT CONSENT FORM TO BE RETURNED TO MRS EDGILL BY 16TH DECEMBER 2020

PUPIL NAME: _____

Gender: _____

**Tutor
Group:** _____

School: Reepham High School

Dates of work experience from: _____

Thur 8th July 2021

to:

Wed 21st July 2021 (incl).

Date of Birth: _____

Phone no. _____

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: _____