

# Work Experience Parent/Guardian Consent

## General Information

Work experience, is an important as well as exciting part of developing as a person and gaining work life skills. In order for us help you **all students must fully complete page one of this form including the signed declaration from a parent/guardian and return to school.**

## Student Details

First Name:	Surname:
Emergency Contact Name:	Emergency Contact Tel No:
Emergency Contact E-mail:	

Student Signature:

## School Details

School: King Edward VII	Form Group:
Placement Dates:	Duration:

## Health, Well-being & Special Educational Needs

*Please inform us of any medication, health conditions, special educational needs or issues that may affect your work experience placement. This information will be used by the employer and Opportunity Sheffield team members when completing the health & safety risk checks of your placement.*

## Parent/Guardian

### How as this placement come about?

*Has this been through a personal contact, family member or friend? What information can you provide us that assures us you feel your child will be well looked after and kept safe?*

**\* As parent/carer I agree to my child attending this particular work experience placement.**

Name:	Signature:	Date:
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-----Student/Guardian cut along here -----

## Additional Info

### How to find a placement and next steps

- Ask around friends, family and any contacts you have to enquire about supporting you on your work placement, remember to also contact companies directly as this makes a great first impression!
- Complete the self placement section fully including signatures and return both sides of the form to school before the deadline
- Ensure you are fully prepared for your placement by completing the information below
- During your placement – work hard, enjoy it and don't forget to keep a record of all the skills you are learning by completing the Work Log book provided to you.
- **Remember to phone your employer and school if you are ill or can't make it to your placement**

# Work Experience Placement Consent

**Company Details – We cannot accept a placement without all the information being provided.**

**Business/Organisation Name:**

**Business address:**

**Postcode:**

**Tel Number:**

**E-mail Address:**

**Contact first name:**

**Contact's job title:**

**Contact surname:**

**Students job Description**

**Students job Title:**

**Students Role/Responsibilities/Tasks:**

**Placement Dates**

**From:**

**To:**

**Working Hours**

**From:**

**To:**

***As a representative of the above company I agree to offer this student a work experience placement as described above.***

**Signature:**

**Date:**

**Health and safety**

**Employer's Liability Insurance (ELI) *The placement cannot go ahead without confirmation of the arrangements in place.***

**I confirm ELI is in place (please circle)  Yes  No (please explain why ELI is not required)**

**Who is responsible for Health and Safety?**

**Tel:**

**I confirm that I have made a note of any student medical conditions/educational needs detailed in the Employer Letter.**

**Yes:**

**No:**

-----Student/Guardian cut along here -----

## My placement Information

**Work Experience Details - Make a note of the details above and keep this information safe to help you prepare for your placement.**

**Employer:**

**Contact Name:**

**Contact Number:**

**Working Hours**

**From:**

**To:**

**Clothing/PPE Requirements**

e.g. safety boots; smart etc

**Lunch breaks**

e.g. how long, take own food, buy from shop etc