



Work Experience Parental Consent

Monday 30th April to Friday 4th May 2018

Deadline date : Friday 29th September 2017

YOUNG PERSON'S DETAILS			
Mr/Miss	First Name	Surname	Tutor Group:

The Work

1. The work will be planned by a responsible person and involve meaningful tasks.
2. The Employer will ensure that the student is not asked to operate hazardous machinery or undertake unreasonable tasks.

PARENT/CARER AGREEMENT TO THIS APPLICATION: *Please read carefully before signing below*

Health, Learning, Social and Physical Disabilities – you **MUST** indicate below any illnesses **or any other medical factors** that employers should be aware of (e.g. asthma, colour blindness, eczema, epilepsy, hearing difficulties, ADHD, etc) – **we have to share this information to employers.**

1. **Job Choices** - should be discussed with the young persons and agreed by the parent/carer. Work Experience is an experience of work, NOT training for a particular career/job.
2. **Hours of Work** - will be the normal hours for an employed person in that work place.
3. **Lunches** - are not normally provided.
4. **Health and Safety** - The student must accept all rules governing Health and Safety at the placement.
5. **Confidentiality** - The student must respect employer's confidentiality.
6. **Behaviour** - As a representative of the school the student must behave in a sensible and responsible manner.
7. **Insurance** - The employer must be insured for accident or injury to the student caused by negligence, either by employer or employee.
8. **LEA** - The LEA is insured by a Personal Accident policy to cover injury to the student during the course of the placement.
9. Parents cannot place a student with a local employer unless insurance checks and risk assessments have been carried out by **LEBC (Leicestershire Education Business Company)**.

PARENT/ CARER CONSENT

I give permission for my son/daughter to participate in Work Experience.

Parent/Carer

Signature _____ Date _____
(person with legal responsibility for the young person)

Student Signature _____ Date _____

Please return this form to:

Your form tutor