

# WORK EXPERIENCE

# CONSENT FORM



This form **MUST BE** returned to school no later than: **Tuesday 31<sup>st</sup> October 2017**

Student Details			
First Name		Surname	
Date of Birth		Gender	<input type="checkbox"/> F <input type="checkbox"/> M
School	Levenshulme High School	Form Group	
Dates of placement	12 – 16 March 2018 (1 Week)		

## Health

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

Colour Blindness	<input checked="" type="checkbox"/>	Back Problems	<input checked="" type="checkbox"/>
Migraine	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>
Epilepsy and/or fainting attacks	<input type="checkbox"/>	Asthma, Bronchitis and /or shortness of breath	<input type="checkbox"/>
Impaired Hearing	<input type="checkbox"/>	Psychiatric or mental illness	<input type="checkbox"/>
Impaired Eyesight – not corrected with glasses	<input type="checkbox"/>	Physical or other disability	<input type="checkbox"/>
Inflammatory Joint Condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Skin Problems	<input type="checkbox"/>	Severe Head Injury	<input type="checkbox"/>
Heart trouble and/or blood pressure problems	<input type="checkbox"/>	Fractures, Tendon, Ligament/Cartilage damage	<input type="checkbox"/>
SEN / Behavioural	<input type="checkbox"/>		<input type="checkbox"/>

Allergies

Medication  
Please print

Other

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

*Please attach an additional sheet if required*

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 employers Health, Safety and

## Welfare assessment.

Continued overleaf....

**IF YOU DO NOT RECEIVE THE JOB DESCRIPTION INFORMATION BEFORE THE PLACEMENT START DATE – please contact the school work experience co-ordinator.**

**If you have any queries on receipt of the job description, please contact the school work experience co-ordinator.**

- Parents/Carers are reminded that under the Health & Safety at Work Act 1974, students are classed as employees and will be subject to the same legal requirements as employee's 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 before placement begins.
- Parents/Carers should notify the school immediately if their child does not attend their placement for any reason.
- Parents/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 information 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:

Signature:

## 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 co-ordinator if I have not received them or have any queries.
- I confirm that all the information on this form is correct and that it may 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.

Name:

Signature:

Date: