

# WORK EXPERIENCE



## CONSENT FORM

Student Details			
First Name		Surname	
Date of Birth		Gender	F                      M
Please circle			
School		Form Group	
Dates of placement			

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...			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Back Problems	<input 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"/>
Allergies			
Medication			
Other			
<b>If you have ticked any of the above please state here how this may affect your child whilst on placement:</b>			
<i>Please attach an additional sheet if required</i>			

Student Declaration	
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>I understand I will be expected NOT to use my mobile phone during working hours.</li> <li>I will phone my employer to notify them if I will be late or absent for any reason.</li> <li>I will notify School immediately if I am absent from my placement or the placement has been cancelled.</li> </ul>	
Name:	Signature:

Parent / Carer Declaration		
<ul style="list-style-type: none"> <li>I would like my child to participate in the Work Experience Programme and I understand this is voluntary, therefore unpaid.</li> <li>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.</li> <li>I understand that my child may be subject to a Youth Offending Service check if placed in a care environment.</li> <li>I am happy for my child to travel to get to and from their work placement, within an acceptable distance.</li> </ul>		
Name:	Signature:	Date: