WORK EXPERIENCE

CONSENT FORM



Inspiring young people together

This form **MUST BE** returned to school no later than: **21st January 2022**

Student Details				
First Name		**Surname**		
Date of Birth		**Gender**	**F**	**M**
School	**Urmston Grammar School YR12**		**Form Group**	
Dates of placement	04 – 08 July 2022 (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		**Back Problems**	
Migraine		**Claustrophobia**	
Epilepsy and/or fainting attacks		**Asthma, Bronchitis and /or shortness of breath**	
Impaired Hearing		**Psychiatric or mental illness**	
Impaired Eyesight – not corrected with glasses		**Physical or other disability**	
Inflammatory Joint Condition		**Diabetes**	
Skin Problems		**Severe Head Injury**	
Heart trouble and/or blood pressure problems		**Fractures, Tendon, Ligament/Cartilage damage**	
SEN / Behavioural			

Allergies	
Medication **Please print**	
Other	

<u>If you have ticked any of the above</u> 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….

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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.

- Protecting your privacy is important to us, by signing this form you are agreeing for your information being held on our database. We will not pass your details on to any 3rd party unless it is in relation to a work experience placement that the student is to attend.
- 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 4 weeks 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 ill / 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.
- If my child shows any symptoms of Covid 19, they will not attend the workplace and we will notify the employer and school immediately.
- **I confirm that all the information on this form is correct and that it will 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.
- I will ensure the employer / school are made aware as soon as possible if my child is ill / absent for any reason.

Photographs / Social Media: Photographs are often taken of students in the work place and posted on social media e.g. twitter, to show student participation. **If you DO NOT AGREE to this please tick here**: …… ☐

Name: Signature: Date:

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