

CONSENT FORM

WORK EXPERIENCE 6th July – 10th July 2020

A. STUDENTS DETAILS

Name Form Date of Birth

Home address

Home telephone number:

Telephone number where parent
can be contacted during the day.

B. EMPLOYER'S DETAILS

Name of Employer

Address of Employer

Post Code

Telephone No. E M a i l

Name of Contact at place of employment

Type of Business

Type or work to be undertaken by student

Do you require prior notice of a visit by a member of staff?	Yes	No
Do you have Employer's Liability Cover?	Yes	No
I am willing to accommodate (students name)		
Hours the student is expected to work		
Risk Assessment Form attached		
Name and Address of Insurance Company		
Policy Number		
Expiry Date		
Indemnity Limit		
Signature of Contact/Employer	Date	

C. PARENTS CONSENT

I have seen, and agree with the details of my son/daughter's Work Experience placement. I will pass on any details or health issues that the company/organisation needs to be made aware of.

Signature (Parent) Date

Signature of student Date
