



2024 Year 10 Work Experience Week 8th - 12th July* Consent Form

Please complete this form clearly as we will have to return it if we can't read it.

Employer Details

*You have to find a placement by contacting employers. Once a placement has been confirmed to you by the employer, ask them for the below information but please do not give them this form to return to us. **The Academy needs to receive this form from the student/parent/carer (not from the employer).***

***Please check with the employer that they have Employers' Liability Insurance and Public Liability Insurance.** Most placements without these specific types of insurance cannot take place as the Employer will automatically fail the health & safety check carried out by our 3rd party provider, CSW. Parents/carers should contact the school if they wish to discuss a placement that they feel is relevant but where this insurance is not in place.*

Company name	
Nature of business	
Contact name	
Contact's telephone	
Contact's email	
Contact's position/role	

Work Experience Placement Details

Placement job title		
Job/placement duties (brief summary of the role/tasks)		
* Dates <u>if not between 8-12 July</u> Please advise if on a school trip		
Days of placement (please circle days of placement)	Mon / Tues / Weds / Thurs / Fri	
Address of placement (please advise if the location is expected to change during the week)	Post Code:	
Placement contact name (if differs from above)		
Placement contact telephone (if differs from above)		
Placement contact email (if differs from above)		

Work Experience Signed Consent

Student Agreement

First Name:

Last Name:

Date of Birth:

Tutor Group:

I agree to participate in the work experience scheme and, as the student named above, I agree to:

- Attend this work experience placement and understand that any information obtained about the Employer's business is held in confidence and will not be disclosed without the Employer's permission.
- I will obey all safety, security and other instructions given by the Employer.

Signed (Student):

Parental Consent

As a parent/carer of the above named student, I confirm that:

- I have read and understood this form and any accompanying documents (including the student and family guide).
- I am aware of the type of placement, duties to be carried out, work environment and any significant risks to the student.
- The placement is within the student's physical and psychological capacity**
- I have advised (and am responsible for advising) the employer of any health conditions, learning difficulties or particular additional needs that might impact the student's physical and psychological ability and/or health and safety during the placement**
- If the student leaves the employer's premises during lunch or break periods, no liability can be accepted by the employer or the Academy for any incident that may occur during that time.

I consent to the above named student attending this placement for the agreed period of time.

Signed (Parent/Carer):

Print Name:

Date:

** If you wish to discuss this with the school/need help with this, please contact Mandie Hill

The Academy will instigate Health & Safety checks on receipt of this form. A fee of £35.50 for H&S checks is payable via ParentPay. If the placement is outside of the CSW area, an additional fee of £50 will be charged – see the Student & Family Guide for 'out of area' information.

All placements should be confirmed by the Easter Holidays to allow for H&S checks.

An additional £20 'late fee' will be charged for forms returned after the below:

- 3pm on Friday 17th May if placement is within the CSW geographical area
- 3pm on Thursday 28th March if placement is 'out of area'

PLEASE RETURN THIS FORM TO RECEPTION AS SOON AS THE PLACEMENT HAS BEEN CONFIRMED TO YOU BY THE EMPLOYER

For queries/a hard copy of this form, please contact school reception

Office Use only

Date completed form received:

Outside of area: Yes / No

Date confirmed with employer:

