



South Dartmoor Community College
Work Experience Consent/Health & Safety Form



Parent/Carer: please complete and return to Careers by the deadline below:
I give permission for (full name & tutor please)

.....

to undertake Work Experience (Monday 13 December to Thursday 16 December 2021).

If Employer already found please give their Contact details: (name/email/phone/address)

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HEALTH AND SAFETY DECLARATION

For the health and safety of each student we are required to inform the employer of any condition which may cause problems, including Special Educational Needs.

Please tick section A or complete section B as appropriate:

A

I know of no special needs (medical or learning) from which my son/daughter suffers which may affect his/her Work Experience

B

My son/daughter has the following health / learning problems

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.....

.....

Please confirm you give consent for this form to be forwarded to the employer for their

YES	NO
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information.

Signed **Name**

Relationship to student: **Date**.....

Please return to: Careers or by email to careers@southdartmoor.devon.sch.uk

DEADLINE FOR RETURN: MONDAY 1 NOVEMBER 2021

Truth Respect Equality Excellence

