



# Year 12 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 18 July to Friday 22 July 2022)*

*If Employer already found please give their Contact details: (contact name; email; telephone number and address)*

.....  
.....  
.....

## 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*

.....  
.....  
.....

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

YES  NO information

**Signed** ..... **Name** .....

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

Please return to: Careers by Monday 25 April 22