



Year 10 Work Experience Consent/Health & Safety Form

Parent / Carer / Student: please complete and return to Careers by Friday 24 February 2023 (we will not be able to accept e-mail copies)

I give permission for (full name & tutor please)

.....

to undertake Work Experience (Monday 17 July to Friday 21 July 2023)

Employer contact Information:

Employer: _____

Address: _____

Contact name: _____

Contact's e-mail: _____

Contact's phone number: _____

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**.....