



**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.**

**If Employer already found please give their Contact details:  
(name/email/Phone/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 information  YES  NO

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

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

Please return to: Bev Killingbeck, Careers department (Bright Beginnings) or by email [bkillingbeck@southdartmoor.devon.sch.uk](mailto:bkillingbeck@southdartmoor.devon.sch.uk) **DEADLINE FOR RETURN 11<sup>th</sup> December 2018**