

**THE LAKES SCHOOL
PARENTAL AGREEMENT/CONSENT FORM
FOR STUDENTS PARTICIPATING IN WORK EXPERIENCE**

Name of Student _____ Tutor Group _____

Home Address _____

Contact Number _____ Date of Birth _____

I give permission for my child to be involved in Work Experience from **6th July – 10th July 2020**.

Name _____ Relation to Student _____

Signature _____

Email _____

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STUDENT AGREEMENT

As the student named above, I agree to take part in this work experience scheme.

I also agree to;

- inform the employer and school immediately of any incident or accident which I may be involved in, no matter how small it may seem
- hold in confidence any information about the employer's business which I may obtain during this work period
- I also agree to observe all health, safety, welfare, security and other rules and regulations laid down by the employer
- I will abide by the prohibitions (jobs/tasks I am not allowed to do) which will be listed on the placement Risk Assessment and which the employer will outline

Name: _____ Signed: _____ Date: _____

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CHOICE FORM

Please give three particular placements you would like to do for your work experience.

1. _____

2. _____

3. _____

We wish to make our own arrangements for our child's placement.

Please give name, address, phone no & e-mail address of place they will be attending as we have contact them.
