



Sixth Form Work Experience Student/ Parental Consent Form

STUDENT NAME

FORM:

This form is to cover consent for St Mary's Sixth Form Students undertaking work experience during Term Time. Parents/Carers are reminded that students are expected to make their own arrangements and own way to work experience and may not be supervised during lunch and work breaks. Students must not accept payment for their work experience role. Please indicate below if there are any medical conditions or special needs which may affect the type of placement that is suitable.;

RISK ASSESSMENT INFORMATION

Parents are reminded that students are classified as employees for insurance purposes and will be subject to Health and Safety regulations that legally require them to take proper care of themselves and others in accordance with the Health and Safety at Work Act 1974 Section 8. It is an offence to misuse or interfere with anything provided in the interests of Health and Safety. Students must follow Health and Safety instructions given to them by the employer.

Students MUST NOT enter areas designated as off limits or use/interface with equipment also considered to be off limits.

Students should adhere to the telephone, mobile, internet and social media policies of the employer.

At no time will the student be left alone on the premises. The employer will inform the school if placements involve an element of 'one to one' working or 'one to one' travel, schools/parents/carer should consider whether this is a suitable placement for the student

Students may be asked to sign an Employer Confidentiality agreement in addition to the parent/student agreement.

STUDENT AGREEMENT

As the student named below I agree to take part in this voluntary experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during my placement and not to disclose such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer's representatives or by displayed notices.

SIGNED: .....

DATE: .....

PARENT/GUARDIAN AGREEMENT

As parent/guardian of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that he/she does not suffer from any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person. (Should you be in doubt, please consult the Head of Sixth Form before signing)

SIGNED.....

DATE: .....