

LEVENTHORPE CAREERS DEPARTMENT

Year 12 WORK EXPERIENCE PARENT CONSENT FORM THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN

I give permission for my son/daughter.....form.....
to attend work experience from 18th March – 22nd March 2019 and for his/her date of birth, address
and telephone number to be shared with Safety for Work, the company who will be carrying out the
Health & Safety checks, and, nearer the time, with the prospective employer.

I understand that no payment in respect of work done may be made, although employers may offer
assistance with lunches and fares if they so wish.

On the back of this form I have given details of any medical conditions that the company may need to
be aware of.

I understand that my son/daughter will be covered by the school's Public Liability insurance. The
school accepts liability for pupils behaving irresponsibly and causing third party injury or property
damage and may use its charging policy to claim back from parents if a student causes financial loss
due to irresponsible or reckless behaviour. Copies of this policy are available on request.

I agree for my son/daughter to arrange their transport to the place of work.

Signed (Parent/Guardian) Date

Please complete the details of your chosen work experience:

Details of Company or Organisation

Name of Company

Type of Business:

Address

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Name of person to contact

Position of contact person in the Company

Telephone Number

Email address.....

Type of work experience offered

**N.B. The employer must have both Public and Employers Liability Insurance. Please do not
submit any employer who is not covered by insurance**

**If you are able to offer a placement within your own Company/Organisation to another pupil,
please tick the box and give details on a separate sheet.**