

**Student and Parent/Carer Agreement Form**

<b>Student Name</b>	
<b>Tutor Group</b>	

<b>Contact name and job role</b>	
<b>Company Contact Details</b>	
<b>Dates of Work Experience</b>	

**Student Agreement:**

I agree to:

- Observe the safety regulations and to take all possible care to prevent an accident.
- Share with my work experience company all relevant medical, special or additional educational information (for example, but not limited to: asthma, allergies, diabetes, and vision or hearing impairment, ADHD).
- Recognise that I am a representative of the school and undertake to maintain the school’s reputation while I am on work experience.
- Complete, within a reasonable period, any work missed during any period of absence from school due to work experience.
- Review my experience, and complete an analysis of the skills I have gained.

<b>Student Signature</b>		<b>Date</b>	
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**Parent/Carer Agreement:**

By completing this form, you agree to your daughter undertaking the detailed work experience. We would ask that you consider and recognise the following points:

- As a school we would ask that work experience is purposeful, substantial, offers challenge and is relevant to the young person’s study programme and career aspirations.
- The employer has the primary responsibility for the health and safety of students whilst on a work experience placement. The school will only approve a work experience placement when the company has completed the company agreement, which confirms their Employers’ Liability Compulsory Insurance policy.
- We would ask that students take a maximum of one week off during term time to complete work experience, and that they commit to catching up with any missed work within a reasonable period. Any absence must be agreed in advance with the school to ensure it is authorised.
- Work experience should not exceed two weeks in total, as this changes the nature of the insurance required by the host company.

Please provide an emergency contact number that the school and the placement provider will be able to reach you on during the placement.

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Please provide any medical or additional needs detail that we will share with the placement provider before the placement commences.

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Parent Signature

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Date

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Additional Special Educational Needs/Medical information from the School.

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To be approved by Mr Adams and Mrs Hart.

Staff Signature		Date	
Staff Signature		Date	