

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>	

<b>Please detail what skills and experiences you wish to gain from this placement.</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, 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 son/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.

<b>Please provide an emergency contact number that the school and the placement provider will be able to reach you on during the placement.</b>	
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<b>Please provide any medical, or additional needs details that will be passed on to the placement provider before the placement commences.</b>

<b>Parent Signature</b>		<b>Date</b>	
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**Approved by Sixth Form**

<b>Staff Signature</b>		<b>Date</b>	
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