

WORK EXPERIENCE

CONSENT FORM



Inspiring young people together



This form **MUST BE** returned to school no later than: **Monday 27th January 2025**

Student Details

First Name		Surname	
Date of Birth		Form Group	
School	Altrincham Grammar School for Girls		
Dates of placement	30 June – 04 July 2025 (1 Week)		

Health

Employers need to know of any medical / behavioural needs that your child has that may affect their work experience placement. Please tick the appropriate box for each of the conditions below...

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>
Epilepsy and/or fainting attacks	<input type="checkbox"/>	Asthma, Bronchitis and /or shortness of breath	<input type="checkbox"/>
Impaired Hearing	<input type="checkbox"/>	Psychiatric or mental illness	<input type="checkbox"/>
Impaired Eyesight – not corrected with glasses	<input type="checkbox"/>	Physical or other disability	<input type="checkbox"/>
Inflammatory Joint Condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Skin Problems	<input type="checkbox"/>	Severe Head Injury	<input type="checkbox"/>
Heart trouble and/or blood pressure problems	<input type="checkbox"/>	Fractures, Tendon, Ligament/Cartilage damage	<input type="checkbox"/>
SEN / Behavioural	<input type="checkbox"/>		<input type="checkbox"/>
Allergies			
Medication Please print			
Other			

If you have ticked any of the above please state here how this may affect your child whilst on placement:

Please attach an additional sheet if required

To Parent / Carer,

Please note that nearer to the time of work experience, school will issue the job description details of the placement your son/daughter will be attending. On the job description it will include details of the days / hours of work, clothing requirements, duties to be undertaken, specific placement requirements and the employers Health, Safety and Welfare assessment.

Continued overleaf....

IF YOU DO NOT RECEIVE THE JOB DESCRIPTION INFORMATION BEFORE THE PLACEMENT START DATE – please contact the school work experience co-ordinator.

If you have any queries on receipt of the job description, please contact the school work experience co-ordinator.

- Protecting your privacy is important to us, by signing this form you are agreeing for your information being held on our database. We will not pass your details on to any 3rd party unless it is in relation to a work experience placement that the student is to attend.
- Parents/Carers are reminded that under the Health & Safety at Work Act 1974, students are classed as employees and will be subject to the same legal requirements as employee's to take care of themselves and others.
- It is a criminal offence to misuse or interfere with anything provided in the interests of health and safety.
- Parents/Carers are responsible for their child's travel arrangements to and from their placement.
- Parents/Carers should support the school by ensuring their child makes contact with the employer 4 weeks before placement begins.
- Parents/Carers should notify the school immediately if their child does not attend their placement for any reason.
- Parents/Carers are reminded that if their child does not attend an organised work experience placement, they will be expected in school.

Student Declaration

- **I confirm that all the information on this form is correct and that it may be passed to my employer so that they can oversee my safety while on placement.**
- I understand that I may have access to sensitive information whilst on placement and understand I must not share this information either directly with anyone or via Social networking sites.
- If I am placed in a care environment for children or vulnerable adults I understand this may be subject to a Youth Justice check.
- I understand I will NOT use my mobile phone during working hours.
- I understand I must contact my employer 4 weeks before the start of the placement to confirm my attendance.
- I will phone my employer to notify them if I will be late or absent for any reason.
- I will notify school immediately if I am ill / absent from my placement / the placement has been cancelled / have to leave my placement for an appointment.

Name:

Signature:

Parent / Carer Declaration

- I would like my child to participate in the Work Experience Programme and I understand this is part of my child's education and is therefore unpaid.
- I understand that I will receive my child's placement details nearer to the time and will contact the school work experience co-ordinator if I have not received them or have any queries.
- **I confirm that all the information on this form is correct and that it will be passed to the employer so that they can oversee the safety of my child while on placement. I will also notify school if there are any changes to my child's health.**
- I understand that my child may be subject to a Youth Justice check if placed in a care environment.
- I am happy for my child to travel to get to and from their work placement, within an acceptable distance.
- I understand my child may be allowed off the employers premises at lunchtimes.
- I will ensure the employer / school are made aware as soon as possible if my child is ill / absent for any reason.

Photographs / Social Media: Photographs are often taken of students in the work place and posted on social media e.g. twitter, to show student participation. **If you DO NOT AGREE to this please tick here:**

Name:

Signature:

Date: