

WORK EXPERIENCE CONSENT FORM

Ibeing the parent/guardian of
..... (Name of pupil) Form

Who attends **Whitchurch High School** give my consent for him/her to take part in the Work Experience scheme.

I believe him/her to be physically fit to take part in these activities. I confirm that he/she does not suffer from any health problems such as epilepsy, asthma, colour blindness etc. I understand that no pupil will be placed with a firm until the Authority is satisfied that his/her participation in the scheme is adequately covered by insurance. You will receive details of the placement in due course.

Date..... Signed.....(parent/guardian)

1. I am able to set up a placement details below:

I am able to set up a placement details to follow:

Name of Firm / Organisation

Name of Contact

Address of Firm/Organisation

.....

Telephone Number

2. I have used the Careers Wales On-line booking system and have identified the following choices in order of preference:

	Opportunities ID Number	Employer
1		
2		
3		

3. I am interested in the following type of placement:

Please Return to Mr D Havard