



School Contact: Mrs L Waterhouse

Tel: 01246 863127

Student to fill in:

Student Name (print):	Date of Birth:	Form:
I the above named student agree:		
To take part in this work experience scheme, to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.		
Student signature:		
Date:		

Parent/Carer to fill in:

I the Parent/Carer of the above name student confirm:
That I have read and understood this form and other accompanying documents and I agree to them taking part in this scheme and I undertake that they will observe the conditions set out.
I confirm that either:
a) They do not suffer from any medical condition which could result in an unnecessary risk to their health or safety or to the safety of another person.
b) They suffer from any medical condition which I have detailed overleaf that should be advised to the employer.
(Please delete either a) or b), if in doubt then please contact school before signing).
Parent/Carer Name (print):
Parent/Carer signature:
Date:

**PLEASE RETURN 'THIS FORM' ALONG WITH
THE 'WORK PLACEMENT VETTING REQUEST FORM'
WHEN FULLY COMPLETED TO STUDENTS SERVICES**