

PARENTAL CONSENT FORM WORK EXPERIENCE

Student: _____

Date of Work Experience: Monday 27th June – Friday 1st July 2022

I agree to take part in this work experience programme. I also agree to:

- i. Hold in confidence any information relating to the employer/business which I may obtain during work experience and not to disclose such information to any other person without the employer's permission, and,
- ii. To obey all safety, security and other instructions given to me by the employer, his representative or other means, e.g. notices.

Signed _____ **(student)**

Date _____

PARENT/GUARDIAN

I, the parent/guardian confirm that I have read and understand this form and agree to him/her participating in this work experience programme and undertake that he/she will observe the conditions listed above. To the best of my knowledge he/she does not suffer from any physical disability or medical condition which could result in an unnecessary risk to his/her health or safety or to the health or safety of any other person.

Name _____ **(Parent/Guardian)**

Signed _____ **(Parent/Guardian)**

Date _____