

**1. PUPIL DETAILS**

Name: .....

Address ..... Postcode: .....

.....

Home telephone number:

Mobile Number:

DOB:

**2. PLACEMENT DATES – check and change if required**

Start Date: .....

Finish Date: .....

**3. COMPANY/INSTITUTION DETAILS (ADDRESS OF WHERE PUPIL WILL BE BASED)**

Company Name: .....

Address: ..... Postcode: .....

.....

Telephone number:

Mobile (if available)

**4. PLACEMENT DETAILS (TO BE COMPLETED BY EMPLOYER)**

Main contact:

Position:

Email address:

Pupil supervisor:

Position offered  
(e.g. Clerical, General Assistant, Sales Assistant)

Is this placement definitely agreed?

Yes

No

**5. EMPLOYER LIABILITY INSURANCE (PLEASE ENCLOSE COPY)**

**It is essential that the company has this insurance.**

Insurer: .....

Policy number: .....

Expiry date: .....

**6. AGREEMENT BY COMPANY / INSTITUTION**

This placement has been agreed on behalf of the above named company / institution.

Signed: .....

Print name: .....

Date: .....

**7. PARENT/CARER AGREEMENT TO PLACEMENT:**

Signature: .....

Print name: .....

Date: .....

**I ACCEPT FULL AND TOTAL RESPONSIBILITY**

## MEDICAL AND CONSENT FORM

Please complete **ALL** sections and return to School as soon as possible with the Work Place Agreement Form.

### WORK EXPERIENCE

Monday 6<sup>th</sup> July to Friday 17<sup>th</sup> July 2020

**PUPIL INFORMATION:**

**SURNAME:** ..... **FIRST NAMES:** .....

**TUTOR GROUP:** ..... **ADDRESS:** .....

.....

**DATE OF BIRTH:** ..... **TELEPHONE (Home)** ..... **DAYTIME CONTACT** .....

**DOCTOR'S NAME:** ..... **ALTERNATIVE CONTACT PERSON**

**TELEPHONE No:** ..... **NAME:** .....

**TELEPHONE NO:** .....

Does your child suffer from any of the following (please delete as appropriate). If YES, please indicate any medication that is usually prescribed.

<b><u>AILMENT</u></b>	<b><u>YES / NO</u></b>	<b>IF YES, details of medication / treatment and any relevant information</b>
Hay Fever	YES / NO	.....
Migraine	YES / NO	.....
Travel Sickness	YES / NO	.....
Asthma	YES / NO	.....
Epilepsy	YES / NO	.....
Diabetes	YES / NO	.....
Fainting Attacks	YES / NO	.....
Any other illness	YES / NO	.....
<b>TETANUS</b>	<b>Has your child been immunised?</b>	<b>YES / NO</b> <b>YEAR</b> .....

**ALLERGIES**

a) Dust	YES / NO	d) Insect Stings	YES / NO	g) Any others	YES / NO
b) Nettle Rash	YES / NO	e) Penicillin	YES / NO		<i>(If YES, see below)</i>
c) Elastoplast	YES / NO	f) Food Allergies	YES / NO		

**ANY OTHERS** (Please indicate) .....

**PLEASE NOTE:**

**PARENTS CAN PROVIDE PUPILS WITH A PACKED LUNCH & A DRINK OR MONEY TO PURCHASE REFRESHMENTS WHILE ON PLACEMENT**

**PUPILS WILL BE EXPECTED TO WEAR 'BUSINESS CLOTHES' TO THE INITIAL INTERVIEW AND APPROPRIATE CLOTHING FOR THEIR PLACEMENT. THIS SHOULD BE AGREED IN ADVANCE WITH THE PLACEMENT SUPERVISOR.**

**PARENTS WILL BE RESPONSIBLE FOR ANY FARES AND TRANSPORT COSTS INCURRED**

- a) I have read the information about the proposed visit and I agree to my child taking part in the Work Experience activities included in the school's letter. I declare my child fit enough to undertake these activities. I have declared any medical concerns on this form.
- b) I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder the child's progress.
- c) Pupils will be required to make their way to and from their Work Placement.

**Signed by Parent / Carer**..... **Date** .....