



Trinity School Work Experience 2 – 6 July 2018

Trinity School

Please complete all Sections in full

Name of Student _____

Tutor Group _____ House _____

I have arranged for my son/daughter to do his/her work experience as stated below:

For a work placement to go ahead the company must have the following insurance policies. Please indicate if these policies are in place:

Employee Liability Insurance? Yes/No

Public Liability Insurance? Yes/No

Name of Company _____

Contact Person _____ Tel no: _____

Address of Placement _____

Department _____

Type of work they will be involved in _____

Does the student named above, for whom you are responsible, have any impairment or medical condition that might affect the type of work he/she could undertake or that may prevent him/her from carrying out a work experience?

YES/NO (Delete as applicable) if YES, please give details: _____

To be completed by the Parent/Carer

Please note it is your responsibility to inform employers of any medical conditions, which may affect your son/daughter whilst in their care. Failure to disclose relevant information could create serious difficulties for both the student and the work experience provider.

I am the parent/carer of the student named above and I give consent for him/her to undertaking the Trinity School work experience programme for one week's placement.

Name: _____ Signature: _____

Date: _____

To be completed by the Student

As the student named above, I agree to take part in this Work Experience Scheme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this period and not disclose such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer.

Name: _____ Signature: _____

Date: _____

All information must be returned to your Form Tutor by Friday 8 December 2017.