

Trinity School Work Experience 1 – 5 July 2019

Trinity School

Please complete all Sections in full	
Name of Student	Tutor Group
I have arranged for my son/daughter to do his/her work experience as stated below:	
For a work placement to go ahead the comindicate if these policies are in place:	pany must have the following insurance policies. Please
Employee Liability Insurance? Yes/No	Public Liability Insurance? Yes/No
Name of Company	
Contact Person	Tel no:
Address of Placement	
Department and Type of work they will be i	nvolved in
	you are responsible, have any impairment or medical condition ould undertake or that may prevent him/her from carrying out a
YES/NO (Delete as applicable) if YES, please give details:	
To be completed by the Parent/Carer	
your son/daughter whilst in their care. F difficulties for both the student and the	form employers of any medical conditions, which may affect failure to disclose relevant information could create serious work experience provider. We will issue the employer with sy and ask the employer to destroy these once the placement
I am the parent/carer of the student named School work experience programme for on	d above and I give consent for him/her to undertaking the Trinity e week's placement.
Name:S	ignature:
Date:	
To be completed by the Student	
in confidence any information about the E	ake part in this Work Experience Scheme. I also agree to hold imployer's business which I may obtain during this period and reperson without the Employer's permission. I also agree to ulations laid down by the Employer.
Name:Si	gnature:
Dele	