

Student Information

STUDENT WORK EXPERIENCE PLACEMENT FORM

Name:			
DOB:		Form:	
Phone:			
Address:			
School:	Noel-Baker Academy		
Date of placement:	29/6/20	Location of placement:	

Student Work Experience Agreement

I agree to take part in the placement as described throughout this form and will adhere to the standards expected of me while at the place of work. I will follow the workplace's health and safety procedures and any training that I am required to take. I will also report any concerns I have regarding the placement and/or health and safety to a senior member of staff. I will carry out the tasks required of me during the placement to the best of my abilities.

Signature:		Date:	
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Parent/Carer/Guardian Information

Name:			
Address:			
Phone:		Email:	

Parent/Carer/Guardian Agreement

As the parent/carer/guardian of the named student, I consent to them taking part in a work experience placement with the named employer as described throughout this form. I have advised on any medical conditions, learning differences, or other vulnerabilities the student has that may impact their ability to carry out certain duties and/or affect their health and safety.

Signature:		Date:	
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