



Student Details:			
Student Name:		Form Group:	

Type of work experience placement student is looking for (please list here e.g. office, shop etc):		
I give permission for the above-named student to participate in the Acle Academy's Work Experience programme, under the Education (Work Experience) Act 1973, for the purpose of gaining experience in the workplace, during the period <b>Monday 10<sup>th</sup> June- Friday 14<sup>th</sup> June 2023.</b>	YES	NO
I recognise that work experience is a vital part of my child's compulsory education and as such, it is not acceptable to arrange a holiday during this period without seeking permission through the completion of a Leave of Absence Form.	YES	NO
I agree to support my child in trying to find their own placement. The final decision as to where each student is placed will rest with the school.	YES	NO

Health Declaration:	YES	NO
I confirm that my child <b>does not</b> have any medical, health, educational or social conditions that may affect his / her performance at work.		
I confirm that my child <b>does</b> have a medical, health, educational or social condition that may affect his / her performance at work and I have noted them in the box below.		

Medical Details:	YES	NO		YES	NO
Colour Blindness			Eczema/dermatitis		
Dizziness			Chronic Back problems		
Epilepsy			Claustrophobia		
Fainting or Blackouts			Skin Problems		
Impaired Hearing			Mental Health Problems		
Asthma or chest trouble			Physical Disabilities		
Inflammatory Joint Condition			Impaired Eyesight (if not corrected by glasses)		
Is your child taking any medication that may affect their work, i.e. cause drowsiness?			If <b>YES</b> , please note the medication here:		
If you have indicated YES for any of the above, or if your child has a medical, health, education, behavioural or social condition that has not been listed, please give further information in the space provided below:					
<b>NOTE: It is recommended that students have an up to date tetanus injection if they are to come into contact with animals or soil during their placement e.g. farming, vets, kennels, stables or other similar job types.</b>					
I agree to my child receiving medical treatment whilst on placement that, in the opinion of a qualified medical practitioner, may be necessary				YES	NO

Students will be covered by the Employers Liability Insurance (ELI); however, they will not be entitled to compensation through the National Insurance (Industrial Injuries) Act 1969 in the event of an accident. Therefore, all placements must have valid Employers Liability Insurance in place at the time of the placement. Placements will not be confirmed to students until the Work Experience Coordinator is satisfied that there is adequate ELI in place.

I understand that my child will not receive any payment whilst on work experience	YES	NO
I will encourage my child to complete and return the work experience diary whilst on placement.	YES	NO
I have read the information provided in the work experience booklet and the school's behaviour policy with regard to expectations during work experience, and I will reinforce this information with my child.	YES	NO

Continued overleaf

Do you consent to your child's photograph being taken whilst on work experience and displayed:		
On celebratory displays in and around the school?	YES	NO
In school publications?	YES	NO
On the school website? (This can be viewed throughout the world)	YES	NO
In promotional material for the employer? (Separate permission would be sought before publication)	YES	NO

Off premises permissions:		
I give permission for my child to leave the premises at break and/or lunchtimes	YES	NO
I give permission for my child to attend site visits and other activities associated with the work experience placement. I understand the employer will inform me if this is the case and will ensure my child is suitably supervised and the appropriate transport and insurances are in place.	YES	NO

Travel:		
I understand that it is my responsibility to ensure safe transportation of my child to and from their work placement for the duration of the programme.	YES	NO
My child will be using school transport during Work Experience. If Yes, I understand I am responsible for their safety during any onward journey to their placement, once they have alighted the school bus.	YES	NO

Data Protection:		
I agree that the school can disclose to the employer any information that they feel is relevant to the health, safety and welfare of my child whilst on placement, solely for the purposes of the work experience programme. I give permission for some or all of the information contained on this form to be stored either manually or electronically in accordance with the Data Protection Act and the school's Data Protection Policy and I understand that I can request for it be deleted at any time.	YES	NO

Emergency Contact Details - I agree to keep the school up to date with my emergency contact details.			
Emergency Contact Name 1:		Emergency Contact Tel No 1:	
Emergency Contact Name 2:		Emergency Contact Tel No 2:	
GP Surgery:		GP Tel No:	

Parent/Carer signature:	
Print name:	
Relationship to student:	Date:

Student Declaration:	
As the student named above I agree to take part in this Work Experience programme. I agree to hold in confidence <b>any</b> information about the employer's business which I may obtain during this work period, and not to disclose this 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 and made known to me either by the employer's representatives or by displayed instructions. Also, I agree to adhere to the school's expectations for behaviour whilst on placement, as outlined in the work experience booklet.	
Student signature:	Date:

**Placements cannot proceed if this consent form is not completed, signed and returned to school promptly to:**  
Mrs Skarin, Assistant Principal and Careers Lead 01493 750431 [cskarin@acle.norfolk.sch.uk](mailto:cskarin@acle.norfolk.sch.uk)