



HENLEY-IN-ARDEN SCHOOL

Achieving Excellence Together

Associate Headteacher Mr Joseph Roper

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WORK EXPERIENCE CONSENT FORM

To be returned **to** in the Pastoral office

Print name of student: _____

Form: 10

Student Consent

I agree to take full part in my work experience. I will not pass on any information about the business to another person without the Employer's permission. I also agree to observe all safety, security and other rules explained to me or displayed where I work.

Signed by student: _____

Date: _____

Parent/Guardian Consent

I the Parent/Guardian* of the above named student, have read the Parents and Students Information Leaflet and agree to my child participating in the school's work experience programme, **including attending a pre-placement interview (occasionally, this may be during school time) to meet their work experience employer before their placement begins if required.**

I agree that he/she* should observe the conditions set out by the school and the employer and will encourage him/her* to do so.

My child does/doesn't* have a medical condition that could result in an unnecessary risk to his/her health & safety or of others within the work place. **If you answered 'does' please describe the condition on the separate medical declaration form:**

My child does/doesn't* have a criminal conviction. If you answered 'does' please indicate the nature of the Conviction in the space below.

Criminal Conviction: _____
(Should you have any doubts, please **consult** before signing the form).

Students may be photographed during work experience for the purpose of assessment, publicity and training. Please tick the appropriate box if you agree to your child being photographed during their work experience placement.

Photographed by School only

Photographed by School and Employer

Signed by Parent/Guardian: _____

Date: _____