

# Henley in Arden School, Stratford Road, Henley in Arden,

**Warwickshire. B95 6AF**

**Education (Work Experience) Act 1973**

# Section 1 (To be completed by Parent/Guardian)

I the Parent/Guardian of

(Name and Date of Birth) give my consent for him/her to take part in the Work Experience Scheme organised by the school and approved by Warwickshire Local Authority.

Signed: Date:

Address:

Telephone Number:

# Section 2 (To be completed by the Employer or his/her representative)

I am willing to accept (name of student) on a Work Experience placement from to

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

For and on behalf of: (Company name and address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_