**PARENTAL CONSENT FORM**

PLACEMENT DETAILS to be handed to the Student Services

NAME ........................................................................................................................

TUTOR GROUP ........................................................................................................................

MY PLACEMENT DETAILS ARE:

NAME OF PLACEMENT ........................................................................................................

TYPE OF BUSINESS ........................................................................................................

ADDRESS OF COMPANY

........................................................................................................................................................

POSTCODE ...................................... TEL...................................................................

**THE TYPE OF WORK TO BE UNDERTAKEN AT THE PLACEMENT WILL BE LINKED TO THE BUSINESS OF THE EMPLOYER AND THE JOBS THAT THEY MAY ALLOCATE.**

We would expect students to be provided with all the usual welfare facilities. It is not possible for any payment to be made to the students whilst on Work Experience.

Although reasonable precautions will be taken to ensure the safety of students taking part in this scheme we are unable to visit every placement in advance of the Work Experience to check specific Health and Safety matters. Your child will be required to behave with care so they do not injure themselves or other persons but there is, of course, always a risk of accidents. Because of this risk, we require your consent. Therefore I should be grateful if you would sign and return this form.

**I can/cannot see any medical reason why my child should not take part in any particular type of Work Experience (please give full details on a separate sheet of paper if there are any medical considerations which need to be taken into account).**

**I AGREE TO MY SON/DAUGHTER UNDERTAKING THE ABOVE AGREEMENT**

SIGNED..................................................................................................... DATE.............................

 Parent/Carer