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Headteacher Mr Andy Ireland

2017 WORK EXPERIENCE CONSENT FORM

Please return this completed consent form to Mr Adams by 01/02/2017.

Print name of child: _____ Form: _____

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 pupil: _____

Date: _____

Parents/Carers Consent

I the parent/carer* of the above named student have read the Work Experience information sheet and agree to my child participating in the school's work experience programme. 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 below:

Medical Condition: _____

(Should you have any doubts, please consult Mr Adams before signing the form).

Parent Name: _____ (Please print)

Sign: _____

Date: _____

Consent for Pre-Placement Interview

I give consent for my child _____ to attend a pre-placement interview during school time to meet their work experience employer before their placement begins.

Sign: _____ Date: _____