



Icknield Community College

Headteacher: Mr M Hunter, BA (Hons), MSc, NPQH
Love Lane, Watlington, Oxfordshire, OX49 5RB



WORK EXPERIENCE: PARENTAL AGREEMENT

*This form should be completed neatly in black ink and signed by your parent/carer. This form **must** be completed by the given deadline for you to proceed with the work experience process. You and the Employer must also complete the **Employer/Student Agreement** to give confirmation that you have a place. This should be completed and signed in hard copy and should be handed to the Work Experience Coordinator.*

Year 10 work experience dates – Monday 27 April 2020 to Friday 1 May 2020

School contact: Helen Richardson **Tel:** 01491 612691

Student Name		Tutor group	
Parent/Carer name (contact in case of emergency)		Home Tel. No.	
		Parent/Carer mobile no.	
Parent/Carer email address			
MEDICAL INFORMATION – Parent/Carer to complete this section please			
Please indicate below any medical condition/s and/or special needs this student has which a placement provider should be aware of in order to carry out a suitable and sufficient risk assessment. Eg: Asthma, allergies, hay fever, colour blindness, epilepsy, diabetes, eczema, phobias, learning difficulties, <i>Failure to notify us of any condition could put a student at risk.</i>			

PARENT/CARER AGREEMENT – to be signed by parent/carer

- I agree in principle to the named student undertaking work experience and that he or she will be subject to the direction and control of the Employer whilst on placement
- I agree to provide any relevant medical/behavioural information and update the school on any changes prior to placement
- I understand that all reasonable care for the health and safety of my child will be taken by the Employer, who has responsibility to ensure that so far as is reasonably practicable all necessary health and safety measures will be taken during the placement and will share risk assessment information with me directly
- I understand that the employer will have to satisfy legal standards relating to insurance cover and health and safety
- I understand that I am responsible for my child's transport to and from the workplace
- I understand students may leave the employers premises for business purposes and agree to this
- I understand the lunchtime arrangements in the parental information and agree to these
- I understand I must inform the employer & school of any absence during the work placement
- I understand student information will be shared with employers where necessary for health & safety
- I am satisfied that the named student is a suitable candidate to work with children or vulnerable adults, where appropriate, and I understand that I must inform the school and employer at any point if I have any concerns.
- I understand in the case of accident or sickness occurring to the student whilst on placement the Employer will take appropriate action and notify the school and student's emergency contact without delay

Parent/Carer signature		Date	
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