



WORK EXPERIENCE AGREEMENT
Please return by 10 October 2016

Student's Name ..... Tutor Group .....

Date of Birth ..... Home Telephone No .....

Address .....

.....

Parent/Guardian Name .....

Address (if different from above)

.....

Telephone No .....

Email address.....

Student

I am the student named above and agree to take part in this Work Experience for one week commencing on Monday 3 July 2017. I agree also not to disclose any information confidential to the employer without the employer's approval.

Further, I agree to abide by all safety, security and other instructions given by the employer (written or verbal).

Signed by student .....

Parent/Guardian Letter

As Parent/Guardian of this student, I confirm that I have read and understood the conditions set out in the relevant documentation I have received about Work Experience. I agree to him/her taking part in the Work Experience week due to commence on Monday 3 July 2017 and undertake to ensure he/she observes those conditions set out above.

Please delete as appropriate below.

I confirm that he/she does not suffer from any medical disorder which could result in unnecessary risk to his/her health and safety, or to the health and safety of another person

My son/daughter suffers from the following condition(s):

.....

Parent/Guardian name ..... (Please print)

Signature ..... Date .....