

## Landau Forte College Work Experience Placement Scheme

# PARENT/CARER/STUDENT AGREEMENT FORM

The information given on this form will help the college to arrange an appropriate placement. If necessary, the information provided will be forwarded to the employer/placement provider.

### STUDENT

Name: \_\_\_\_\_ PT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As the student named above I agree to:

- take part in the work experience placement scheme.
- take all necessary steps to arrange my placement by the end of January of Year 12.
- hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.
- observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/CARER

As Parent/Carer of the student named above I confirm:

- I agree to the student named above undertaking work experience. I understand that I will receive confirmation of the placement(s) with further details at a later date.
- I have provided any relevant medical information as requested below. As parent/carers, I will have responsibility for safety whilst the student is travelling to and from the Work Experience Placement(s).
- I understand that if he/she leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the college for any incident that may occur.

Under this agreement the employer/placement provider must satisfy the insurance, health and safety requirements of the Landau Forte College Work Experience Placement Scheme and Derbyshire Education Business Partnership will ensure that, so far as is reasonably practicable, all necessary Health and Safety measures will be taken in arranging and approving placements.

Name: \_\_\_\_\_ (BLOCK LETTERS)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Information provided by parent/carers:** Please give details of any medical conditions and/or special needs which the student has that may affect the choice of placement. **Information will be passed on to the employer/placement provider.**

Condition	Please tick if conditions applies	Further details: Give details of how condition is managed as appropriate
Allergies		
Asthma		
Back problems		
Colour blindness		
Convulsion/epilepsy		
Diabetes		
Eczema		
Learning difficulties		
Phobias e.g. claustrophobia		
<b>Other – please give details</b>		