**Student:**  **………………………………………………..** **Form:** **…………..**

* I am willing for my son/daughter to participate in the Work Experience Programme organised by the school from **Tuesday 1st April to Thursday 3rd April 2025** for the purpose of gaining experience in the world of work. I understand it is a condition that students will not receive payment.
* I acknowledge that without the appropriate Health and Safety checks being carried out by Worcestershire EBP Ltd my child will not be able to attend the placement.
* It is a condition of the school work experience programme that the employer holds a current certificate of Employer’s Liability Insurance.
* I understand that I will be responsible for travel arrangements to and from my child’s work placement.
* I understand that it is my responsibility to inform the employer of any known medical condition, Special Educational Need, disability or other factors relating to my child, which could affect them during their work placement**\***.
* I will ensure that the employer is provided with full emergency contact details, for my child, on the first day of the work experience placement – completion of information form provided by the school**\***.
* I agree to inform the school and the employer if for any reason my child cannot attend their work placement.
* I acknowledge that work experience is part of the careers curriculum and will support my child in finding and attending their work placement.

**\*** **I understand that if this information is not provided to the employer then they may be unable to provide work experience for my child.**

**Signature:** ……………………………………………….…… (Parent/Carer) **Date:** …………………………………

**Print name:** ………………………………………………..... **Relationship to student:** ……………..…………………….