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**WECO**

**WORK EXPERIENCE CONSENT FORM**

**PARENT/GUARDIAN TO COMPLETE**

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| **Student Name:** |  |
| **Form:** |  |
| **Student Date of Birth:** |  |

For the health and safety of each student we are required to inform the employer of any health/ special educational needs condition that they have. ***Please tick section A OR B as appropriate:***

**A.** 🞎 I know of no medical condition from which my child suffers which may prevent him/ her taking part in Work Experience.

**B.** 🞏 My child has the following health/learning problems:

* Restrictions for normal physical activity or games
* Skin allergies, eczema, other allergies (e.g. nuts) please specify

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* Bronchitis, asthma, chest complaints
* Hearing problems or ear discharge
* Heart disease that effects their ability to do physical tasks
* Diabetes
* Fits or fainting attacks
* Significant colour defect or other visual problems
* Learning disability which may cause them not to understand instructions
* Any other reasons affecting my child’s ability to take part in Work Experience please indicate the reason:

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**C.** My child can travel to the following areas:

* Paignton
* Torquay
* Brixham
* Totnes
* Newton Abbot

Do you have any other additional comments?

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I consent to my child attending Work Experience/observation and to sharing my child's information with the work experience provider.  I understand that the employer/school will not be liable to him/her for any loss, injury or damage suffered; other than such caused by negligence of the work experience provider, and I authorise the employer’s/staff in charge of the activity to seek emergency treatment for him/her should it be necessary.  Any information held by the employers will be securely destroyed upon the completion of the work experience placement in line with their records management processes.

Signed ..........................................................................(Parent/Guardian) Date .............................