

CHRISTOPHER WHITEHEAD LANGUAGE COLLEGE AND SIXTH FORM

WORK EXPERIENCE FOR YEAR 10 STUDENTS 25th March – 29th March 2019

PARENT/CARER PERMISSION SLIP

Name: Learning Mentor Group:

Please read the list below and complete where appropriate, then sign and return this slip to Ms Watmore, Careers Advisor and Coordinator, **as soon as possible this term.**

- I am willing for my child, to participate in a Work Experience Scheme from Monday 25th March – Friday 29th March 2019.
- I understand that there will be no entitlement to the benefit of the National Insurance (Industrial Injuries) Act in the event of an accident. Compensation in the case of proven liability on the employer's part must be provided by their insurers. Accidental injury is covered by the insurance policy of the school.
- I accept that some travelling expenses may be incurred. I am willing for my child to travel as necessary.
- I agree to let the school know if my child cannot attend work experience for any reason.
- I give my agreement for photographs to be taken whilst on work experience for use in the promotion of work experience process and providing evidence for Ofsted.

SIGNED

DATED

**CHRISTOPHER WHITEHEAD LANGUAGE COLLEGE
AND SIXTH FORM**

**WORK EXPERIENCE FOR YEAR 10 STUDENTS
25th March – 29th March 2019**

Name: **Learning Mentor Group:**

Please fill in as much detail as possible about the work experience placement that you have found (AND THEY HAVE AGREED TO TAKE YOU).

Name of Contact
Person:

Name of Organisation:

Address (as much detail
as you know):
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Contact's e-mail
address:

Phone or mobile number
(very important):

Type of work:

Deadline date for all placements is December 2018

Ms Pauline Watmore
Careers Advisor and Coordinator