



## Work Experience For Year 10 Pupils 2020

### Parental Consent Form

I, \_\_\_\_\_ (Name of Parent/Guardian)

Give my consent for my son/daughter;

Name \_\_\_\_\_ Form \_\_\_\_\_

to participate in the Work Experience programme from 6<sup>TH</sup> JULY – 10<sup>TH</sup> JULY 2020.

I understand that no payment in respect of work done may be made although employers may offer assistance with fares and lunches if they so wish.

I know of no medical reason why \_\_\_\_\_ (name of pupil) should not take part in Work Experience. If there are medical considerations/special needs which may affect the type of placement which would be suitable, please indicate here: \_\_\_\_\_

I understand that this form is to be signed and returned **NO LATER THAN Friday 17<sup>th</sup> January 2020** to Mrs. Gaulton, St Mary's Careers Leader.

Signed: \_\_\_\_\_ (Parent/Guardian)

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