# Sample Work Experience Permission Form

Company Logo

Delete this image and replace with your logo

# (provided courtesy of Rolls-Royce)

#### **F.A.O. THE PARENT /GUARDIAN OF THE WORK EXPERIENCE STUDENT**

Please complete both sides of this form and return it as soon as possible to:

*<<relevant work experience co-ordinator contact with details>>*

## Details of Work Experience Student

## (BLOCK LETTERS PLEASE)

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** |  |
| **Date of Birth** |  | **Gender (Male/Female)** |  |
| **Home Telephone No** |  | **Email Address** |  |
| **Home Address** |  |  |  |
| **Postcode** |  |  |  |

## Details of Work Experience Student

|  |  |
| --- | --- |
| **Dates of placements:** |  |
| **Site location:** |  |

## Important Contacts

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact  (include relationship) | Alternative emergency contact  (include relationship) | Your Doctor’s Surgery |
| Name |  |  |  |
| Address |  |  |  |
| Tel No. |  |  |  |
| Mobile No. |  |  |  |
| Travel Permission (to and from work experience) | | | |
| Note to Parent / Guardians:  *<<Company>>* are responsible for the welfare of the student during their work experience working-times. These will be given in the placement information document provided within the confirmation details. Students are responsible for their own travel to/from their work experience. If the student is travelling unaccompanied to and from their work experience, please ensure a safe route is planned with them. | | | |
| Travel Permission (during work experience) | | | |
| There may be the occasion when your son/daughter/ward may, for the purpose and benefit of their work experience, be required to travel to another <<company>> site, within reasonable travelling distance. This may require a car journey. Permission is only given to employees who are insured for business travel.  As the parent/guardian of a work experience student under the age of 18, we therefore require your authorisation for your son / daughter/ ward to travel to another site with a <<company>> employee.  Please delete as appropriate\*  I AGREE\* / DO NOT AGREE\* to my son/daughter/ward travelling with a <<company>> employee, insured for business travel, during their work experience placement.  Signed ……………………………………………. Name………………………………………………  Relationship to the Student...…………………… Date…………………………………….…………. | | | |
| Photograph Permission | | | |
| During their work experience there may be times when we need to take your son/daughter/ward’s photograph, both for security/administration and occasionally, for marketing purposes.  As the parent/guardian of a work experience student under the age of 18, we therefore require your permission to take photographs for these purposes.  Please delete as appropriate\*  **I AGREE\* / DO NOT AGREE\*** to the taking of photographs of my son/daughter/ward with respect to the purposes detailed above.  Signed ……………………………………………. Name………………………………………………  Relationship to the Student...…………………… Date…………………………………….…………. | | | |
| Medical Information  Please provide details below of any medical or health information that *<<company>>* would need to be aware of. Thank you. | | | |
|  | | | |

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| --- |
| Please note – *<<company>>* do sub-contract certain services and although your son / daughter will be the responsibility of the business area, they may be working alongside contract staff. This should in no way affect their safety or quality of placement.  A RISK ASSESSMENT HAS BEEN SENT TO YOUR SON/DAUGHTER – IF YOU WISH TO RECEIVE THIS DIRECTLY PLEASE CONTACT *<<company contact>>.* |

**For further information on *<<company>>* please visit our web site *<<company website>>***