# 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>>***