

NORTHGATE HIGH SCHOOL
WORK EXPERIENCE CONSENT FORM
Monday 13th – Friday 17th July 2020

*This form should be completed and returned to the Work Experience Administrator by
Friday 31st January 2020.*

Student Details			
Student Name:		Form Group:	

I give permission for the above-named student to participate in the Northgate High School Work Experience programme, under the Education (Work Experience) Act 1973, for the purpose of gaining experience in the workplace, during the period **Monday 13th – Friday 17th July 2020.**

I recognise that work experience is a vital part of my child's compulsory education and as such, it is not acceptable to arrange a holiday during this period without seeking permission through the completion of a Leave of Absence Form.

Before your child undertakes work experience, it is very important to have information about certain medical conditions that may influence the type of work they can do. Should any of these details change prior to the work experience starting, it is your responsibility to notify the work experience administrator – workexperience@northgate.suffolk.sch.uk, 01473 210123 ext. 217

Declaration	Please Tick
I confirm that my child does not have any medical, health, educational or social conditions/issues that may affect his / her performance at work.	<input type="checkbox"/>
I confirm that my child does have a medical, health, educational or social condition/issue that may affect his / her performance at work and I have noted them in the box below.	<input type="checkbox"/>

Medical Details	YES	NO		YES	NO
Colour Blindness			Eczema/dermatitis		
Dizziness			Chronic Back problems		
Epilepsy			Claustrophobia		
Fainting or Blackouts			Skin Problems		
Impaired Hearing			Mental Health Problems		
Asthma or chest trouble			Physical Disabilities		
Inflammatory Joint Condition			Impaired Eyesight (if not corrected by glasses)		
Is your child taking any medication that may affect their work, i.e. cause drowsiness?			If YES , please note the medication here:		

If you have indicated YES for any of the above, or if your child has a medical, health, education, behavioural or social condition/issue that has **not** been listed, please give further information in the space provided below:

NOTE: It is recommended that pupils have an up to date tetanus injection if they are to be exposed to animals or soil during their placement e.g. farming, vets, kennels, stables or other similar job types.

I agree to my child receiving medical treatment whilst on placement that, in the opinion of a qualified medical practitioner, may be necessary.

Emergency Contact Details - I agree to keep the school up to date with my emergency contact details.			
Emergency Contact Name 1:		Emergency Contact Tel No 1:	
Emergency Contact Name 2:		Emergency Contact Tel No 2:	
GP Surgery:		GP Tel No:	

Continued overleaf

Placements cannot proceed if this consent form is not completed, signed and returned to school promptly
 Work Experience Administrator 01473 210123 ext. 217 or workexperience@northgate.suffolk.sch.uk

I will support my child in trying to find their own placement and understand that if they use the 'Job Board' they may not get the placement they wish. The final decision as to where each student is placed will rest with the school.

Students will be covered by the Employers Liability Insurance (ELI); however, they will not be entitled to compensation through the National Insurance (Industrial Injuries) Act 1969 in the event of an accident. Therefore, all placements must have valid Employers Liability Insurance in place at the time of the placement. Placements will not be confirmed to pupils until the Work Experience Administrator is satisfied that there is adequate ELI in place.

I understand that my child will not receive any payment whilst on work experience.

I will encourage my child to complete and return the work experience logbook.

I have read the information provided in the work experience guide and the school's behaviour policy regarding expectations during work experience, and I will reinforce this information with my child. **(Both available on the Northgate website).**

Do you consent to your child's photograph being taken whilst on work experience and displayed? (Circle your response)		
On celebratory displays in and around the school?	YES	NO
In school publications? (Separate permission would be sought for a Prospectus)	YES	NO
On the school website? (This can be viewed throughout the world)	YES	NO
In newspapers? (Where a pupil's full name may also appear if relevant to the story)	YES	NO
On television? (Separate permission would be sought before a pupil's name was used)	YES	NO
In promotional material for the employer? (Separate permission would be sought before publication)	YES	NO

Off premises permissions:		
I give permission for my child to leave the premises at break and/or lunchtimes	YES	NO
I give permission for my child to attend site visits and other activities associated with the work experience placement. I understand the employer will inform me if this is the case and will ensure my child is suitably supervised and the appropriate transport and insurances are in place.	YES	NO

I agree that the employer can see the above information and that the school can disclose any information that they feel is relevant to the health, safety and welfare of my child whilst on the work experience placement solely for the purposes of the work experience programme. I am aware that some or all the information contained on this form may be stored either manually or electronically in accordance with the Data Protection Act and will be destroyed upon completion of the work experience programme.

Parent/Carer signature:**Date:**

Print name:**Relationship to student:**