

CHURSTON FERRERS GRAMMAR SCHOOL

WORK EXPERIENCE 3 SEPTEMBER – 7 SEPTEMBER 2007 PARENT/GUARDIAN TO COMPLETE THIS SIDE OF THE FORM

TO: *Mrs. M. Butler, Work Experience Co-ordinator*

Student's Name _____

Date of Birth _____ Age at time of work experience:years.....months

I have had your letter regarding Work Experience, and I agree to my
son/daughter taking part.

*For the health and safety of each student we are required to inform the employer of any
condition which may cause problems, including special educational needs.*

Please tick Section A or complete Section B as appropriate:

A I know of no medical condition from which my son / daughter suffers which may
prevent him / her from taking part in Work Experience.

B My son / daughter has the following health / learning problems

- * Restrictions for normal physical activity or games
- * Skin allergies, eczema, other allergies (e.g. nuts)
- * Bronchitis, asthma, chest complaints
- * Hearing problems or ear discharge
- * Heart disease that affects their ability to do physical tasks
- * Diabetes
- * Fits or fainting attacks
- * Significant colour defect or other visual problems
- * Learning disability which may cause them not to understand instructions
- * Any other health reasons affecting my daughter's/son's ability to take this placement
Please indicate the reason.

Signed _____ (Parent/Guardian)

Date _____

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WORK EXPERIENCE 2007

EMPLOYER TO COMPLETE THIS SIDE OF THE FORM

To the employer:

Parents and students need to know what measures are in place to control significant risks associated with the placement before it begins.

To simplify this process, please would you either complete the box below or tick the statement that there are no significant risks.

We will then return the form to parents/guardians.

SIGNIFICANT RISK	MEASURE IN PLACE TO CONTROL

There are no significant risks associated with the placement

I can/cannot confirm that I have Employers' Liability, Public Liability and Motor Vehicle Insurance and I confirm that these insurances will be in place at the time of the work experience placement. **PLEASE DELETE AS APPROPRIATE**

Signed _____ (Employer)

DATE _____