

WORK EXPERIENCE

CONSENT FORM

Name of pupil _____ Form _____

I am willing/am not willing for my son/daughter at present attending the Maelor School Penley, Wrexham to participate in a period of Work Experience from 5th to the 16th July 2010. I understand it is an educational activity for which no payment will be made to the student.

If there is any medical history e.g. Asthma, Diabetes, Epilepsy etc, which would limit participation in a Work Experience Programme. YES NO

If yes please give details _____

I agree to accept the deadlines given and if I have not made arrangements for placement accept the placement that the school may allocate. Once a placement has been allocated I will inform the school before the student changes, or withdraws from the placement.

Signed _____ Date _____

WORK EXPERIENCE

YOUR CONFIRMED PLACEMENT DETAILS

NAME _____ **FORM** _____

Contact name _____

Name of Firm _____

Address _____

Telephone Number _____

Type of work: _____

The duration of the placement (PLEASE TICK ONE BOX) Week One Both Weeks
Week Two

(If only one week has been arranged, what arrangements for the second week have you made? Please use another copy of this form for second week placements)

Do you or your parents know of any firm who might be prepared to help the school and provide work experience for other students? If so please give details.

Name _____

Address _____

Telephone Number _____ Type of work _____