

**Swanmore College of Technology**  
**Thursday 24 June – Friday 2 July 2010**



**Learner Details:**

**Name:**

I agree to participate in the work experience scheme. I will not disclose any information confidential to the employer, which I obtain during this period of work experience. I will obey all safety, security and other instructions given by the Employer.

**Signed:**

**Parental Consent**

As a parent/carer of the above learner, I confirm that I have read the placement title and I am willing for her/him to participate in work experience with the employer for the agreed period of time. I also confirm that she/he is medically fit to undertake the placement, and she/he does not suffer from any medical condition which could result in unnecessary risk to her/his health and safety and/or that of other people (if in doubt please contact the teacher prior to signing this form).

**I understand that there may be a charge imposed by the school if my son/daughter is going out of Southampton/South West Hampshire area to participate in their work experience.**

**Signed:**

**Name:**

**Date:**

**Employer Details:**

**Company Name:**

**Address of Placement:**

**Postcode:**

**Contact Name:**

**Telephone Number:**

**Mobile Number:**

**Email:**

**Fax Number:**

**Placement title:**

**Days/Hours:**

**Dress code:**

As a representative of the above employer I agree to the learner named above working on my premises and acknowledge my responsibilities under the Health and Safety Work Act. The learner's age and inexperience will be taken into account when agreeing tasks, and I understand that the student must not undertake prohibited activities.

I also sign to confirm that:

**I have employers and public liability insurance; and have checked the student is covered by this insurance;**

**I will agree to a health and safety check, and to produce the appropriate insurance certificate.**

**Signed:**

**Position:**

**Name (print)**

**Date:**