



Parents' and Guardians' Consent Form **To be submitted before start of work experience**

I give permission for, (STUDENT NAME) _____ to participate in the work experience scheme organised by the school and covered by the school's insurance policy, at the below listed firm(s) for the purpose of gaining experience and insight into the world of work. I confirm that he does not suffer from any disability, which could result in unnecessary risk to his safety or that of other people. I understand that he will be in a safe working environment and treated in accordance to the School's Child Safeguarding statement.

I understand that it is a necessary condition of the scheme that students do not expect wages / salary in respect of the time spent on work experience. Some employers may however show their gratitude for work well done.

I am aware that students will be treated, as far as possible, as new employees, subject to normal conditions and hours of work. They will be given real work to perform and such work will be related to their capabilities or they may be involved in work shadowing where it is appropriate.

Week. **Dates** _____

Contact Name & Address of Firm or Employer

Phone number / Mobile of contact person

Week. **Dates** _____

Contact Name & Address of Firm or Employer

Phone number / Mobile of contact person

Signed by parents or guardians

(a) _____

(b) _____

Mise le meas,

Niall Rennick (TY Year Head & Co-ordinator).