



## Placement Agreement Form/Parental Consent Form

St. Aloysius' College  
Hornsey Lane London N6 5LY

Name of Pupil \_\_\_\_\_ Form \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ who is a student at St. Aloysius' College will undertake work experience at:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Type of placement (job type) \_\_\_\_\_

He/she will start on 9<sup>th</sup> July 2018 and finish on 13<sup>th</sup> July 2018.

The person responsible for supervision of the student in the workplace will be:  
\_\_\_\_\_

The teacher responsible for the student at the school is **Mr B. Butler Tel: 020 7561 7800.**

### Student

As the student named above I agree to take part in this work experience scheme. I also agree to:

1. Hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission.
2. Observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representative or by displayed instructions.
3. Take proper care of myself and others.
4. **Inform the employer and school as soon as possible of any absence from the work experience placement.**
5. Confirm I understand my Health & Safety obligations and have received and read the 'Be Safe' document.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Carer

As parent/carers of the student named above, I confirm that:

- a) I have read and understood this form and the attached placement description and give consent for the student named above to attend a pre placement interview.
  - b) He may not be supervised at lunch time and may leave the premises.
  - c) I agree to him taking part in this scheme and undertake that he will observe the conditions set out.
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- I. He does not suffer from any physical or medical condition which could result in an unnecessary risk to his health or safety or that of another person.
  - II. He suffers from the following physical or medical condition and this information should be conveyed to the employer.

Signed \_\_\_\_\_ (parent/carers)