

THE TIFFIN GIRLS' SCHOOL



WORK EXPERIENCE AGREEMENT FORM

PART 1 (TO BE COMPLETED BY THE STUDENT)

I agree to

- take part in this work experience scheme as described in the Notes for Parents
- pass on to my parent(s) any relevant information, provided by my employer, regarding the most common risks of my work placement
- observe the safety regulations and to take all possible care to prevent an accident
- look after any tools, equipment, machinery or other property belonging to the employer or to his/her employees
- treat as confidential anything that I find out about the employer's business and not to tell anyone without the employer's permission

I recognise that I am a representative of the school and I undertake to maintain the school's reputation in every way while I am on work experience.

Signed _____ Date _____

PART 2 (TO BE COMPLETED BY THE PARENT)

- I confirm that I have read and understood this form and the Notes for Parents
- I agree to the student named below taking part in this work experience scheme
- I undertake that they will observe the conditions set out in the student agreement above
- I understand that I am entitled to see any information from the employer regarding risk assessment

Please note below any medical condition or disability that your child has. This will enable a risk assessment to be properly carried out on their behalf.

I agree that information regarding any such condition may be passed on to my child's work experience employer following confirmation of placement.

Name of Parent _____

Signed _____ Date _____

Name of Student _____ Form _____

Please return to Mrs Broadbent by Friday 16 October 2020