



**WORK EXPERIENCE DATES: 24-28 MAY 2010
PARENT/GUARDIAN/STUDENT AGREEMENT FORM**

FITZHARRYS SCHOOL

The information given on this form will help the Work Experience Co-ordinator to arrange an appropriate placement. The first side of this form will be forwarded to the employer/placement provider.

Student name:

Form group: Date of birth:

Age at start of placement: years months

Parent/Guardian name: (in block capitals):

Relationship to student: Contact tel no:

Mobile no: email address:

Home address:

..... Post code:

Student under the Minimum School Leaving Age (MSLA): YES/NO [delete as appropriate]

Your three favourite subjects studied:

Interests/hobbies/achievements

Give details of any part time or holiday jobs

Information provided by parent/guardian: Please give details of any medical conditions and/or special needs which the student has which may affect the choice of placement. *This information will be passed on to the employer/placement provider to ensure both safety for the student and employer.*

Condition	Please tick if condition applies	Further details
allergies		
asthma		
back problems		
colour blindness		
convulsion/epilepsy		
diabetes		
eczema		
learning difficulties		
phobias eg claustrophobia		
other - please give details		

Information on this side is for matching purposes

Types of Work Experience that appeal to you (eg working with people, working with animals, office work, crafts etc)

Objectives/Targets (What do you hope to gain?)

PARENT/GUARDIAN & STUDENT AGREEMENT

- I agree in principle to the student named above undertaking work experience. I will receive confirmation of the placement with further details at a later date.
- I have provided any relevant medical information as requested above. I have received the information for parent/guardian about Work Experience. As parent/guardian we will have responsibility for safety whilst the student is travelling to and from Work Experience, unless separate arrangements have been made by Oxfordshire Local Education Authority.
- Under this agreement the employer/placement provider must satisfy the insurance, health and safety requirements of the Oxfordshire Education Business Partnership and Oxfordshire Local Education Authority will ensure that, so far as is reasonably practicable, all necessary Health and Safety measures will be taken in arranging and approving placements.
- Data Protection Act 1998. I/We agree that the data I/We have given on this form can be used by Oxfordshire County Council for work experience related matters and that they can share it with any work placement organisation with whom the student might be placed.

Signature of student Date

Signature of parent/guardian Date

Name of parent/guardian [please print]

Any queries please contact
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Abingdon,
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or telephone 01235 520698