

**Year 12/13 Work Experience (One Day) Consent/Health or Special Arrangements Form**

Please complete the box below with your details, and then pass to your Parent/Carer.

**Once completed, please return this form to Vicki Fry (Work Placement Co-ordinator)**

Please note: this form needs to be returned **prior** to the start of work experience

Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

**For Parent/Carer to complete:**

**1. Emergency contact details:** Please provide 2 contacts relevant for the time of Work Experience:

**2.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**2. Health or Special Arrangements Information:** It is helpful for the Placement Co-ordinator and the Employer to be aware of any issues (e.g. health conditions, medication requirements or additional learning needs) which may impact on a student's capacity to undertake activities while on work experience. Those arranging and checking the safety issues for the placement can then ensure that the student and others working for the employer will be safe in the working environment. Please provide information below, if appropriate.

Information about a person's health is classed as Special Category Data under the Data Protection Act 2018 and cannot be processed without explicit consent. Any information about the student which is provided on this form will only be processed for the purposes of ensuring that the student's work experience placement is appropriate and safe.

By providing this information and signing this form, you are giving consent for this information to be shared with the Placement Co-ordinator. The Placement Co-ordinator will always contact you first before discussing any information disclosed above with the Employer. Please be aware that if you choose not to disclose information, you are then accepting responsibility to inform the Employer directly. If you choose not to inform the Employer, this means reasonable adjustments (if necessary) may not be made by the Employer and the placement may not be suitable for the student. You should also be aware that by not disclosing the need for reasonable adjustments, if the student is injured or harmed whilst on placement, any incident will not be covered by the Employers' Liability Insurance.

**3. Consent for Work Experience:** By signing this form, you are giving permission for your child to take part in Work Experience from September 2021 to July 2022.

**Name of Parent/Carer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed (Student):** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Privacy Notice

The information gathered on this form will be used by UTCN in relation to preparation of a work placement for the student and will be shared with the Placement Co-ordinator. It will be retained in line with the UTCN's Record Retention Schedule. Please see <https://utcn.org.uk/policy-documents> for details of the Privacy Notice for Students, Parents and Carers.