

**1 day (weekly) Work Experience for Parents/Carers**

**2022**

By completing this form, you are agreeing to take responsibility for your child while they are doing their Work Experience. Please complete the details below and return this form to your Work Placement Co-ordinator. If you have any queries about this form, please contact Vicki Fry (Work placement co-ordinator) on [Vicki.Fry@utcn.org.uk](mailto:Vicki.Fry@utcn.org.uk) or 07498 210087

Student Name: ..... Form: .....

**Details of Work Experience Placement:**

Name and Address of Company: .....

Name of contact person: .....

Phone number: .....

**Please note: If your child is ill during the Work Experience period, please follow the normal Protocol for reporting student absence.**

**Responsibility for Work Experience:**

By signing this form, I agree to take full responsibility for my child's Work Experience (1 day per week) September 2021 – July 2022.

**Name of Parent/Carer:** .....

**Signature:** .....

**Date:** .....

Privacy Notice

The information gathered on this form will be used by the Academy 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 Academy's Record Retention Schedule. Please see the Privacy Notice for Students, Parents and Carers on the relevant Academy website.