

# Work Experience Parental Consent and Safeguarding Form



| For College use (Da compilare a cura del College) |  |                 |               |      |  |
|---|--|-----------------|---------------|------|--|
| Activity Name                                     | Work placement                               | Division        | International |      |  |
| Commencement Date                                 |  | Completion Date |               |      |  |
| Address of Work Placement                         | South and City Colleges campuses or External |                 |               |      |  |
| Proposed Itinerary and Activities                 | To be confirmed base on placements           |                 |               |      |  |
| Restrictions of Placement                         | No HEAVY MANUAL WORK                         |                 |               |      |  |
| Staff Member's Name                               |  | Signature       |               | Date |  |
| HR Advisor Authorising                            |  | Date Authorised |               |      |  |

## Parent / Guardian / Other (Delete as appropriate)

|                         |  |                       |  |
|-------------------------|--|-----------------------|--|
| First Name              |  | Surname               |  |
| Relationship to Student |  | Emergency Contact No. |  |

I give permission for.....

|  |                                     |      |
|--|-------------------------------------|------|
| a) Any unsupervised time as detailed in the work placement   | Yes                                 | No   |
| b) The student to make his/her way to and from the work placement  | Yes                                 | No   |
| c) The student to participate in activities as detailed above  | Yes                                 | No   |
| d) I give my permission for any emergency medical treatment deemed necessary by medical professionals during the work placement to be given. | Yes                                 | No   |
| I agree to my son / daughter being placed on this work placement   | Parent / Guardian / Other Signature | Date |

## Student Contact Details

|                           |  |           |  |       |  |
|---------------------------|--|-----------|--|-------|--|
| Name                      |  | ID Number |  | D.O.B |  |
| Contact telephone numbers |  |           |  |       |  |
| Mobile                    |  | Home      |  | Work  |  |
| Home Address              |  |           |  |       |  |

**Medical Information**

|   |  |                |  |
|---|--|----------------|--|
| Name of Doctor  |  | Contact Number |  |
| Address of Surgery  |  |                |  |
| Please tick this box if student <b>does not</b> suffer from any medical condition requiring regular treatment |  |                |  |

**If student does suffer from a medical condition or disability please ensure the next sections are fully completed**  
**(If any of the sections below are not applicable, please write N/A in the boxes)**

|  |                    |                    |   |
|--|--------------------|--------------------|---|
| Suffers from   |                    |                    |   |
| And has been prescribed the following medication   | Name of Medication | Dose and Frequency | Arrangements e.g. Refrigeration or Disposal of Sharps |
|  |                    |                    |   |
| The student will be able to administer the above medication themselves (delete as appropriate) |                    |                    | Yes    No   |

|                                 |             |                  |
|---------------------------------|-------------|------------------|
| Has an allergy to the following | Allergic to | Type of Reaction |
|                                 |             |                  |

|  |               |
|--|---------------|
| Has the following disability, impairment or long term health condition | Please Detail |
|  |               |

**Safeguarding Information**

|   |               |
|---|---------------|
| Safeguarding where the provision of safe and effective care requires additional support | Please Detail |
|   |               |

**Dietary Information**

|   |               |
|---|---------------|
| Does the student have any special dietary requirements? | Please Detail |
|   |               |

**Declaration by Parent / Guardian / Other (Carer where they are over 18)**

I have read and completed this form and to the best of my knowledge the details given are true and accurate

|            |  |      |  |
|------------|--|------|--|
| Print Name |  | Date |  |
| Signature  |  |      |  |