

Weatherhead High School

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A high performing academy providing excellence for all

YEAR 10 WORK EXPERIENCE PARENTAL/CARER CONSENT and STUDENT HEALTH DECLARATION FORM

(Please note: Shaded areas to be completed)

TO BE COMPLETED BY PARENT OR CARER:

Should you require any further information, please do not hesitate to contact Mrs G Jones, Work Related Learning Co-ordinator.

Student Name: _____ **Form** _____

Emergency contact details for Parent or Carer: Name: _____ _____ Telephone / Mobile Number: _____	Alternative contact in an emergency: Name: _____ _____ Telephone / Mobile Number: _____
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Details of Student's Doctor (emergency use only): Name: _____ Telephone Number: _____ Address: _____ _____

We require this confidential information to ensure that any health related conditions which might affect the placements are taken into account and to enable us to identify any additional equipment or support that may be required. Please read the following list of medical conditions. If a student suffers from one or more of these conditions, **please tick the appropriate box(s)**. This information will help us to ensure that students are placed in a safe and appropriate environment.

Epilepsy <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
Colour Blindness <input type="checkbox"/>	Heart condition <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Eczema/dermatitis <input type="checkbox"/>	Recent Food Poisoning <input type="checkbox"/>	Poor Eyesight/Wears Lenses <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Vertigo / fear of Heights <input type="checkbox"/>	Fits or Fainting Attacks <input type="checkbox"/>
Rheumatism <input type="checkbox"/>	Recent Injury <input type="checkbox"/>	Food Allergies <input type="checkbox"/>
Other <input type="checkbox"/>		

If you have answered YES to any of the above or the student has any other condition not listed, please provide relevant information below. Please list all conditions, serious or minor which you think the School or Learning Provider should know about. Do not hesitate to contact Mrs G Jones if you have any doubts.

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Please Tick Below:

- I confirm that the student does not have a medical condition which, in my opinion, could result in any unnecessary risk to the health and safety of any other person or herself.
- I understand that in the interests of health and Safety, the school and placement provider will exchange information about students in order to ensure the appropriateness of the placement.
- I will notify the school should there be any change to students medical conditions whilst on the programme.
- I accept that students will have to make their own way to and from the placement unsupervised.
- I am happy with the information I have received about the programme and confirm my consent for a placement to take place and photographs to be used in any publicity materials.
- I confirm that the above information is correct and that it can be passed to the Learning Provider.

Signature of Parent / Carer: _____ **Date:** _____

**YEAR 10
WORK EXPERIENCE
LEARNER AGREEMENT**

(Please note: Shaded areas to be completed)

TO BE COMPLETED BY STUDENT:

Should you require any further information, please do not hesitate to contact Mrs G Jones, Work Related Learning Co-ordinator.

Student Details:

<p>Student Name:</p> <p>Name: _____</p> <p>Form: _____</p> <p>Telephone / Mobile Number:</p> <p>_____</p>

WORK EXPERIENCE LEARNER AGREEMENT:

The statement below sets out the code of conduct you must agree to before we can place you with an employer. Please read and sign to show you understand it. If you have any questions please ask your teacher or Mrs G Jones.

I understand that undertaking an opportunity at an employer's premises is different to my experience of school. To get the best out of the placement I will have to apply myself and work hard. I understand that I may have more independence and have to take responsibility at times for working on my own initiative. I know that this requires a mature and sensible approach and I understand that I will be expected to behave and work in a way which is acceptable in the work environment. **In particular I will:**

Code of Conduct:

- ❖ Treat all colleagues, customers and property with respect
- ❖ Arrive on time in appropriate clothing with the correct equipment
- ❖ Notify the employer if I am going to be late or absent
- ❖ Be conscientious and take responsibility for my own actions
- ❖ Follow the rules at my work place as set out by the employer
- ❖ Take part in the induction process and follow the rules about Health and Safety
- ❖ Take no part in any bullying, harassment, disruptive behaviour, fighting, graffiti, bad language or any other behaviour likely to cause offence or distress
- ❖ Follow and agree to employer disciplinary procedures. Any major breaches of discipline may result in the termination of your work experience placement
- ❖ Not invite my friends to the employer's premises
- ❖ Return any property (e.g. entry cards) to the employer
- ❖ Complete any paperwork requested of me
- ❖ Discuss any problems I have with my teacher
- ❖ I will not accept lifts to and from the work place by employers of the company
- ❖ I will not make contact with employees of the company via social/media networking websites

Student Declaration:

- ❖ I agree to take part in this work experience programme.
- ❖ I also understand that I will be briefed about what employers expect during the work experience
- ❖ I will have the opportunity to raise any concerns or questions I may have prior to the work experience
- ❖ I agree to sign a formal agreement regarding Health and Safety and codes of conduct before I can participate in the work experience
- ❖ I have read, signed and returned the below forms
 - Self-placement form
 - Parental/Carer Consent and Student Health Declaration Form

Students Signature:

_____ **Date:** _____