



Temple Park Road  
South Shields  
Tyne & Wear  
NE34 0QA

Email: admin@st-wilfrids.org  
Tel: 0191 456 9121  
Fax: 0191 454 5070

www.st-wilfrids.org

# St Wilfrid's R.C. College

## WORK EXPERIENCE PARENTAL CONSENT FORM

### THIS IS AN IMPORTANT DOCUMENT

- I allow my child to attend a week's work experience placement, Monday 18<sup>th</sup> July – Fri 22<sup>nd</sup> July 2022
- I allow the pupil named to take part in the full programme of activities involved in their placement.
- I acknowledge that the pupil named below must make his/her own travel arrangements to and from the venue and that he/she will take responsibility for his/her lunch arrangement.
- In the event of the pupil named below being ill or injured during the work experience, I accept the employer will contact St. Wilfrid's and that I will be informed accordingly. I understand that during the period of the work experience placement, my child will be in the care of the employers and under their instructions.

**Please complete and return to Reception  
no later than Friday 18<sup>th</sup> February 2022**

Name of Pupil: ..... Form:.....

Date of Birth: .....

Address: .....

.....

Home Telephone No: .....Parent/Guardian's Work or Emergency No: .....

#### ADDITIONAL NEEDS – IMPORTANT

Should there be any additional (medical or special needs) information that YOU think the employer should know about the pupil, please explain below:

.....  
.....  
.....  
.....

Signed: ..... (Parent/Guardian)

PRINTED NAME: ..... Date: .....