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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 17th July – Fri 21st July 2023
- 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 17th February 2023**

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:

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.....
.....

Signed: (Parent/Guardian)

PRINTED NAME: Date: