

ST BERNARD'S HIGH SCHOOL



WORK EXPERIENCE AGREEMENT

- Your daughter will spend two weeks on a work experience placement with an appropriate work experience provider. Each placement will have specific Health and Safety guidelines which **MUST** be followed.
- Your daughter will be expected to participate in a **full working day [typically 9.00- 5.00]**. The type of work that she will be doing will have been outlined to her by the employer at her interview.
- Your daughter **MUST** attend her placement every day. If she is ill or unable to attend you **MUST** contact the School **and** the employer before 9.00am.
- You must complete and return all required paperwork to Ms Davies by the allotted times otherwise your daughter will not be able to participate on the programme.

St Bernard's High School

- Will monitor/visit your daughter whilst she is on placement.

Name: Mrs H Davies [Careers Co-ordinator]. **Signature:**

Parent

- Having received the information regarding work experience I would like my daughter to participate.
- I understand that my daughter will spend two weeks on placement with an appropriate employer.
- I will ensure that my daughter attends her placement daily and will notify both the School **and** the employer if she is ill or unable to attend before 9.00am.

Name: **Signature:** **Date:**

Student

Having received the information regarding extended work experience, I agree to:-

- Attend my placement daily.
- Inform the School **and** my employer if I am ill or unable to attend before 9.00am.

Name: **Form:**

Signature: **Date:**

Please complete and return this form to **Mrs Davies** by **10.05.2019** at the latest.