

# ST BERNARD'S HIGH SCHOOL

## WORK EXPERIENCE AGREEMENT

Please return to Mrs Davies by **Friday 11<sup>th</sup> February 2022**

- Your daughter/son 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/son will be expected to participate in a **full working day [typically 9.00- 5.00]**. The type of work that she/he will be doing will have been outlined to her/him by the employer at her interview.
- Your daughter/son **MUST** attend her placement every day. If she/he 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/son will not be able to participate on the programme.

### St Bernard's High School

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

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

### Parent

- Having received the information regarding work experience I would like my daughter/son to participate.
- I understand that my daughter/son will spend one/two weeks on placement with an appropriate employer.
- I will ensure that my daughter/son attends her/his placement daily and will notify both the school **and** the employer if she/he 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:** .....