

6. WORK EXPERIENCE – PARENT/CARE GIVER CONSENT FORM

(Please complete and return this form)

Name of student:					
Name of Parent/Caregiver:				Relationship to student:	
Address				Mobile	
				Home Phone	
				Work Phone	
State		Postcode		After Hours Contact	
Email				Medicare No.	
Date/s of work experience program:				to	
Name of employer:					
Work experience position:					
Address of employer:					
Contact person at employer:					
Phone:		Fax no:		Email:	
Person who will be supervising student:					
Phone:		Fax no:		Email:	
Summary of tasks student is likely to perform:					
Special requirements: (clothing, footwear etc.)					
Working hours: Start:		Finish:		Lunch:	
Any other comments:					



Privacy notice - for all parties

Any information provided by students, parents/caregivers or host employers is obtained for the purpose of coordinating a workplace learning opportunity for the school student. The school will use the information to meet student health, duty of care and child protection responsibilities and to support the information needs of the student, host employer and the parent/caregiver.

Providing this information is voluntary however, if you do not provide any of the information requested then the student may not be able to undertake the planned workplace learning.

The information you provide will be stored securely and kept for a minimum of seven years where there is no further action relating to the placement. The information will only be disclosed for purposes directly related to the purpose for which it is collected.

You may correct any personal information by contacting our school.

☐ I consent to (*name of student*)participating in the Work Experience program outlined on Page 1.

☐ I have read **1. Work experience Learning Guide for Students, Parents and Caregivers** and understand my role and responsibilities, including the insurance and indemnity arrangements.

☐ I have read **2. Information Sheet for parents, caregivers, and Students (Work Experience)**.

☐ I have **co-signed the Risk Assessment Plan** completed by host employer.

☐ I will immediately notify the school if I have any concerns.

☐ I am aware of the contents of the Privacy Notice.

☐ The placement includes out-of-normal business hours, e.g., 6 – 9 pm (***If ticked please respond below***)

Years 9 – 10: contact arrangements must be negotiated with the principal, by the parent/caregiver and students.

The arrangements are as follows:

☐ The student has the following medication, medical condition (e.g. severe asthma, type 1 diabetes, epilepsy, anaphylaxis or other server allergy), disability or learning and support need that may affect their safety during the placement.

Please list any support or adjustment you think the student will need, to make their placement successful?

Name of Parent/ Caregiver: _____

Signature of Parent/Caregiver: _____ Date: _____

Version	Approved By	Approval Date	Date of Effect	Sections Modified/notes
Original	Principal	26/05/2021	26/05/2021	Formatting, minor changes
Version 1	Principal	28/04/2022	28/04/2022	Header/footers changed to New logo & minor formatting