



**Work Experience 2018  
Student/Parent Contract**

*To be completed by the student and Parent/Carer*

<b>Student Name:</b>	<b>Form:</b>
<b>Student Address:</b>	
<b>Parent/Carer Name:</b>	
<b>Relationship to student:</b>	
<b>Parent/Carer Telephone:</b>	
<b>Parent/Carer Email:</b>	
<b>Emergency Contact:</b>	<b>Name:</b> <b>Telephone:</b>
<b>Placement name: (ie company/business/ organisation):</b>	
<b>Placement contact:</b>	<b>Name:</b> <b>Telephone:</b> <b>Email:</b>
<b>Student Health Considerations (if applicable):</b>	
<b>Parent/Carer agreeing to this work placement:</b>	<b>Print Name:</b> <b>Signature:</b> <span style="float: right;"><b>Date:</b></span>

A copy of HASPS (Health & Safety Procurement Standards) is enclosed for you to read.

Please ensure that your employer has completed and returned the placement contract and risk assessment and has provided a copy of their Employers Liability Insurance.

PLEASE RETURN THIS FORM FULLY COMPLETED TO THE SIXTH FORM OFFICE, BLACKFEN SCHOOL, BLACKFEN ROAD, SIDCUP, KENT DA15 9NU OR VIA EMAIL TO [sixthform@blackfen.bexley.sch.uk](mailto:sixthform@blackfen.bexley.sch.uk)