



Work Experience Student/Parent Contract

To be completed by the student and Parent/Carer

Student Name:	Form:
Student Address:	
Parent/Carer Name:	
Relationship to student:	
Parent/Carer Telephone:	
Parent/Carer Email:	
Emergency Contact:	Name: Telephone:
Placement name: (ie company/business/ organisation):	
Placement contact:	Name: Telephone: Email:
Student Health Considerations (if applicable):	
Parent/Carer agreeing to this work placement:	Print Name: Signature: Date:

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