

Work Experience Consent Form

Student, Parent and Teacher Agreement to Winchester City Council Requirements - Confidential

This form should be completed following an offer of work experience and must be returned as soon as possible, but no later than 7 days prior to the placement date.

Please print the form and ensure all sections are signed as appropriate, Scan and Email to humanresources@winchester.gov.uk

1. Winchester City Council places considerable importance on the need for attention to Health and Safety at work. You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.
2. Winchester City Council will also expect you to observe rules and regulations governing the workplace which are drawn to your attention. Please note there is a No Smoking Policy covering the whole working environment and that there are security arrangements applicable to most locations.
3. Winchester City Council places a responsibility on you to participate in tasks and activities during your work experience placement to make the most of the learning opportunities available.
4. Winchester City Council fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origins, gender, disability, age, religion or sexuality.
5. I will undertake any induction, compliance or job specific training as requested by my supervising manager
6. There will no payment for meals or travelling expenses.

I have read and understood the above requirements.

Signed:

Print Name:

Date:

Please obtain the following signatures (if under 18 years)

Parent/Guardian:

I have read and understood Winchester City Council's work experience requirements. I will ensure that the student carries out these obligations and confirm that he/she is not suffering from any complaint/condition that might cause a hazard to themselves or others.

Please state any medical conditions/allergies we should be aware of (including any illness or injury within the last 3 weeks)

Please give details of any medication

I give consent for my son/daughter* to be taken off-site during their work experience placement to accompany/observe a Winchester City Council employee in their duties. Please circle:

Yes / No

Emergency telephone contact (name and number) during Placement: _____

Signed: _____

Print Name: _____

Date: _____

School Careers Adviser:

I have read the work experience requirements and give permission for the student to participate and observe during their placement at Winchester City Council.

Student Name: _____

School/College: _____

Signed: _____

Print Name: _____

Date: _____