

# Extended work experience approval form

Student name		Date of birth	
School		Year group	

Is the student currently working towards an ASDAN or other vocational qualification? **Yes/No**

Student's home address	
Name of parent or carer	
Daytime contact number	

## Details of placement

Company name	
Contact name	
Address	
Postcode	Telephone:
	Fax:
	Email:
Nature of employers business	
Type of work student will be undertaking	

## Employer liability insurance

Issued by	
Policy Number	Expiry date

## Public liability insurance

Issued by	
Policy Number	Expiry date

## Period of attendance

Intended start date:		End date:			
Days each week (please indicate)	Monday	Tuesday	Wednesday	Thursday	Friday

Reason for, and objectives of extended work experience placement
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Arrangements for teaching the National Curriculum
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Arrangements for monitoring and reviewing student's attendance and progress whilst on extended work experience
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### **Parent or carer**

As parent or carer of the above named student I confirm that I have understood this form and agree to them taking part in this scheme and undertake that they will observe the conditions set out above.

In the interests of my child I confirm that:

1. They do not suffer from any medical condition which could result in an unnecessary risk to their health or safety or the health and safety of another person (should you be in any doubt please consult the teacher responsible before signing this form).
2. They do suffer from the following medical condition, which should be conveyed to the employer (details attached).

Name	
Signed	Date

### **To be completed by school or educational institution**

I agree to the student taking part in this programme

Name (Headteacher)	
Signed	Date

### **To be completed by the London Borough of Richmond upon Thames, Children's Services and Culture directorate**

Delete as appropriate:

Approved	Not approved
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Name	
Signed	Date