

Year 10 Work Experience 2026

Parental Agreement

Child's name: _____

Form: _____

I confirm that:

- I understand I am the organiser of my child's work experience placement
- I have read and understood the guidance on how to ensure a work placement is safe
- I understand that the employer is liable for the health and safety of my child while they are on placement
- I agree to my child being granted one week authorised absence to undertake work experience
- I will check the placement is safe according to the Health and Safety Executive Guidance
- I will provide school with a copy of the Employer's Liability Insurance Certificate required to secure authorised absence

Signed: _____ Date ___/___/___

(Parent/Carer)

Name: _____