

**Work Experience : Consent Form & Student Profile (Confidential)**

Student Name: ..... Form ..... Male  Female

Parent Contact No. .... Please tick box **yes** to give your consent

**Practice Interviews** (September 2014 am only, date & time to be confirmed) Yes  No

I consent to my child's participation at Wolverhampton University (Walsall Campus).

I understand that my child will walk independently in a group supervised by staff stationed along the route. JLA will contact me if my child does not return to JLA within the specified time. Yes  No

**Preliminary Visits** (for Work Experience placement provisionally 24th September 2014 at 2.00 pm) I consent to my child leaving school at the agreed time to make an afternoon visit to his/her placement. Yes  No

I understand that I am responsible for my child's safety and travel arrangements for the visit. Yes  No

**Work Experience** (Monday 13<sup>th</sup> October to Friday 17<sup>th</sup> October 2014 – one week)

I consent to my child participating in a week's Work Experience at a placement checked by the EBP. Yes  No

I understand that it is my responsibility to ensure safe travel arrangements between home and the placement and cover transport costs (some help is available to cover bus fares only in cases of financial difficulty. Please contact Mr Edge). Yes  No

**Health Issues** Does your child have health problems such as epilepsy, asthma or disability, which may affect the placement? Please give details below including any prescribed medication. You may wish to discuss this further. Please contact Mr Edge or Mrs Gibbins.

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**Placement Choice** Please state below your child's preference (where would your child like to go if available?)

First Choice ..... Second Choice .....

**Academic Profile** Please record which set your child is in for core subjects (ie M1 or M3)

English ..... Maths..... Science .....

**Ethnic Profile** Which of the following ethnic groups do you consider your family belongs to? Tick one box only:

White	Black			Asian				
	African	Caribbean	Other*	Bangladeshi	Chinese	Indian	Pakistani	Other*

If you have ticked Black Other, Asian Other or Other Ethnic group, please give details of the ethnic group you consider your family belongs to .....

Name of Parent/ Guardian.....

Signature of Parent/Guardian .....Date.....