

**HAGLEY CATHOLIC HIGH SCHOOL  
WORK EXPERIENCE 2015/16**

*I agree that my son/daughter ... .. Form ... .. can take part in the Work Experience Scheme. I accept that he/she shall not receive wages and that he/she shall be covered for Insurance purposes under a policy held by the St Nicholas Owen Multi Academy Company.*

*I further understand that my son/daughter will not be entitled to the benefit of National Insurance (Industrial Injuries) Act in the event of injury while taking part in the scheme. Compensation in the case of proven liability on the employer's part must be provided by the employer or their Insurers. Accidental injury is covered by the insurance policy taken out by the SNOMAC.*

*I also agree that you can use my son/daughters name in emails when communicating with the selected Work Experience Company*

*Signed ... .. parent/guardian*

*Name ... .. parent/guardian*

*Date ... ..*

**Student Personal Details:**

*Home Address ... ..  
.....*

*Date of Birth ... .. Telephone number ... ..*

**Placement Contact Details 10<sup>th</sup> - 14<sup>th</sup> October 2016**

*Company Name ... ..*

*Address... ..*

*..... Postcode... ..*

*Contact Name ... .. Job Title ... ..*

*Tel... .. Fax ... ..*

*Email address ... ..*

*The company have confirmed placement to the student pending documentation from the school?*

*On occasions photographs may be taken of the student within their work environment, to be used only for educational purposes within school, if you are in agreement with this, please tick the relevant box.*