



**WORK EXPERIENCE PARENTAL CONSENT FORM**

I agree to \_\_\_\_\_ (student name)  
participating in a work experience scheme for school pupils under the Education (Work  
Experience) Act 1973, at the following company(s):

Company(s)

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Dates: from \_\_\_\_\_ to \_\_\_\_\_

I have read the attached Information for Parents / Guardians and understand that the above  
named child:

- Should not receive any payment
- Will be covered by the Employers Liability Insurance however they will not be entitled to compensation through the National Insurance (Industrial Injuries) Act 1969 in the event of an accident.
- Should complete and return to school the work experience logbook.

Signed: \_\_\_\_\_ Father / Mother / Guardian

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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Please sign and return this form to School/College before the start of the work experience week.