#  WEX1 form

# WEX1- Parent consent form for Year 10 Work Experience

 **PARENT or CARER COMPLETES THIS FORM BY 20 December 2024**

**1.Consent for my son or daughter to participate in Work Experience week.**

I (your name) ................................................................... as Parent or Carer of

(Student name) .............................................................. Form Group; 10\_\_

give my consent/do not give my consent\* for my son or daughter to take part in Work Experience in week commencing 30 June 2025 (\* delete as appropriate).

Signed: ................................................................... (Parent or Carer) Date: ..........................................

**2.** **Work experience week- 30 June 2025. If this week is not OK, please say why;**

 My son or daughter will not be available for week beginning 30 June 2025 because;

.....................................................................................................................................................

**3.**  **School must inform an employer if a student has a medical condition or has other personal reasons that would make some job roles unsuitable.**

Please choose either Section A or Section B below. Put a circle around A or B.

1. There is no medical or personal reason why my son or daughter should not participate in work experience, irrespective of the type of work involved.
2. I consider it advisable for my son or daughter not to participate in work experience in the following type of work role/s

 ......................................................................................................................................................

due to: …………………………………………………………………………………………………………

**4. We have already arranged a work placement or are arranging a definite placement. If this applies to your family, please write down:**

* The name of the organisation ………………………………………………………………………..
* The type of work your son/daughter will be doing will be doing..................................................
* The contact’s name, address and telephone number for your placement.........................................

 ……………………………………………………………………………………………………………………....

**Return this Form by 20 December 2024 to Mr Pacey in School- either Direct to his office/ office postbox or via Form Tutors or via e-mail-** **s.pacey@sph.srscmat.co.uk**