



**Student and Parent/Carer Work Experience Agreement**

Student's name:

Mentor Group:

**Student Agreement:**

As the student named above I agree to take part in this work experience scheme. I agree to hold in confidence any information about the Employer's business which I may obtain during my placement and not to disclose such information to another person without the Employer's permission. I also agree to observe all safety, security and other regulations laid down by the Employer's representatives or by displayed notices.

Signed .....

Date .....

Print name .....

**Parent/Carers Agreement**

As parent/carer of the student named I confirm that I agree to his/her taking part in this scheme. I confirm that I have informed the school of any medical condition which could result in an unnecessary risk to his/her health or to the health or safety of another person. (Should you be in doubt please contact the Work Experience Coordinator before signing).

Signed .....

Date .....

Print name .....