



## WORK EXPERIENCE PUPIL FORM

IMPORTANT: PAGE 1 & 2 TO BE COMPLETED BY PARENT/GUARDIAN

Date of Work Experience: 5<sup>th</sup> – 9<sup>th</sup> February 2018

Pupil Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ TG: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Home tel. no: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

Does your son/daughter suffer from any illness, disability or have any special educational needs that might affect the choices made for work experience?

YES / NO

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

I am the Parent/Guardian of the above named pupil. I am happy for my child to take part in Work Experience week. I will be responsible for any travel arrangements for my child to get to and from the placement.

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime contact Tel. no: \_\_\_\_\_

Emergency contact details (alternative to the above):

Name: \_\_\_\_\_ Tel. no: \_\_\_\_\_



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**WORK EXPERIENCE  
DATA AGREEMENT**

In order to process a work experience placement some specific information is needed. Some of this information is required in order that the placement provider can provide a suitable experience and do everything reasonable to protect the Health, Welfare and the Safety of pupils.

**PUPIL DETAILS**

Forename:	Surname:
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The information required is as follows:

<b>Data Processed</b>	<b>Use of the data by the school and placement provider</b>	<b>Reason for collecting data</b>
Name and age of pupil	The pupil's age may affect the placements available or the activity they can do.	Legal and Health & Safety issues.
Address	This information to locate a placement within travelling distance. The pupil may need to be taken home or in an emergency you may need to be contacted.	Organisational & Welfare issues.
Home telephone	The placement provider may need to contact you	Welfare issues
Relevant medical information	The placement provider will need to decide if the placement will be suitable or if there is some activity the pupil should not be involved with because of their medical condition	Health & Safety issues
Special educational needs	The placement provider will need to provide suitable levels of supervision and support for each pupil on placement to ensure that they do not put themselves or others in any danger.	Health & Safety issues
Gender	This information is used to find a suitable placement. We give the placement provider the information so that they can plan for the placement and make suitable supervision arrangements.	Organisation & Welfare issues.

Information, which could identify the individual, will only be retained until the end of their work experience. To enable us to process this placement, please could you read all the details on this form and agree to the data being used for the purposes listed.

**PARENT / GUARDIAN**

I agree to the use of this data as described for my son/daughter's placement.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUPIL**

I have completed the form with details in preparation for my work experience placement.  
I agree to the use of data as described.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_