



Junior Internship Programme Parental Consent Form

I am willing for my daughter/son

Name

From (College name)

to participate in the Junior Internship Programme, organised by Worcestershire County Council for the purpose of gaining work experience and mentorship from

Company name

I understand it is a condition of the scheme that the pupils shall not receive payment.

I acknowledge that without the appropriate Health and Safety check being carried out by Worcestershire County Council or its counterpart my/our son/daughter will not be able to attend the placement

Signed(Parent/Guardian) Date.....
(not required if the student is over the age of 18)

Signed(Student) Date.....

I further understand that my daughter/son will not be entitled to the benefit of the National Insurance 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 her/his insurers. It is therefore a condition of this work experience that the employer has Employer Liability Insurance.

If your daughter/son suffers from any medical problem or disability which may affect her/him during work experience or if you have any other information which you think we should be aware of please give details below:

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See overleaf for more questions and signature requirements

Does this medical information need to be passed to the employer? YES/NO

Is there any known medical/health reason why your daughter/son cannot participate in the work experience scheme? YES/NO

Home Telephone Number

Mobile Telephone Number

Emergency Telephone Number
(If different from above)

Signed(Parent/Guardian) Date.....
(not required if the student is over the age of 18)

Signed(Student) Date.....