**ST BERNARD’S HIGH SCHOOL**

**WORK EXPERIENCE AGREEMENT YEAR 12**

Please return to Mrs L Phillips (lph@stbernards.southend.sch.uk) by Monday 22nd April 2024

* Your daughter/son will spend one week on a work experience placement with an appropriate work experience provider.  Each placement will have specific Health and Safety guidelines which **MUST** be followed.
* Your daughter/son will be expected to participate in a **full working day** [**typically 9.00 – 5.00].** The type of work that she/he will be doing will have been outlined to her/him by the employer at her interview.
* Your daughter/son **MUST** attend her placement every day. If she/he is ill or unable to attend you **MUST** contact the school, **and** the employer before 9.00am.
* You must complete and return all required paperwork to the careers Coordinator, Mrs L Phillips, by the allotted times otherwise your daughter/son will not be able to participate on the programme.

**St Bernard’s High School**

* Will monitor/visit your daughter/son whilst she/he is on placement.

**Name: L Phillips** [Careers Coordinator] **Signature:** ......................................................

**Parent**

* Having received the information regarding work experience I would like my daughter/son to participate.
* I understand that my daughter/son will spend one week on placement with an appropriate employer.
* I will ensure that my daughter/son attends her/his placement daily and will notify both the school, **and** the employer if she/he is ill or unable to attend before 9.00am.

**Name:** ...................................................... **Signature:** ......................................................

**Date:** ......................................................

**Student**

Having received the information regarding extended work experience, I agree to:

* Attend my placement daily.
* Inform the School **and** my employer if I am ill or unable to attend before 9.00am.

**Name:** ...................................................... **Form**: ......................................................

**Signature:** ................................................ **Date:** ........................................................