



Ormiston NEW Academy

Calm | Aspiration | Respect | Engagement

Marsh Lane, Wolverhampton, West Midlands, WV10 6SE

Principal: Mr Craig Cooling

01902 623 111
info@onewa.co.uk

PARENTAL CONSENT FOR WORK EXPERIENCE PLACEMENT

Name of Student: **Form:**

I give permission for my son/daughter to participate in the school's Work Experience Programme during the week commencing 8th July 2024 and will support the school as necessary.

I will support my son/daughter with any arrangements regarding the route, time and mode of transport required to get to and from the placement.

I am happy for my son/daughter to participate in a virtual work experience

Name (printed)

Signature: **Date:**

Parent/Guardian

1. Does your child have a health condition which restricts his/her normal physical activity? **YES/NO**

If yes, please give details

2. Has he/she a medical condition which those providing work experience should know about in the case of an emergency, e.g. diabetes or epilepsy (fits, seizures)? **YES/NO**

If yes, please give details

3. For health reasons is there any work environment you consider unsuitable for your son's/daughter's work experience placement? **YES/NO**

If yes, please specify

May I remind you that placements need to be booked by February half term to allow for health and safety checks. If you have any queries or concerns regarding the above, please do not hesitate to contact the Academy.

Yours sincerely

Mrs V Flanagan - Careers Leader

