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# St Wilfrid's R.C. College

## WORK EXPERIENCE PARENTAL CONSENT FORM

### THIS IS AN IMPORTANT DOCUMENT

- I allow my child to attend a week's work experience placement, Monday 7<sup>th</sup> July – Fri 11<sup>th</sup> July 2025
- I allow the pupil named to take part in the full programme of activities involved in their placement.
- I acknowledge that the pupil named below must make his/her own travel arrangements to and from the venue and that he/she will take responsibility for his/her lunch arrangement.
- In the event of the pupil named below being ill or injured during the work experience, I accept the employer will contact St. Wilfrid's and that I will be informed accordingly. I understand that during the period of the work experience placement, my child will be in the care of the employers and under their instructions.

**Please complete and return to Reception  
no later than Friday 21<sup>st</sup> February 2025**

Name of Pupil: ..... Form:.....

Date of Birth: .....

Address: .....

.....

Home Telephone No: .....Parent/Guardian's Work or Emergency No: .....

#### **ADDITIONAL NEEDS – IMPORTANT**

Should there be any additional (medical or special needs) information that **YOU** think the **employer** should know about the pupil, please explain below:

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Signed: ..... (Parent/Guardian)

PRINTED NAME: ..... Date: .....