

ST THOMAS MORE HIGH SCHOOL
WORK EXPERIENCE
AGREEMENT AND MEDICAL DETAILS



Pupil Details:

Form: _____

Surname: _____ Forename: _____

Address: _____ Date of birth: _____

_____ Postcode: _____

Emergency contact _____ Emergency telephone no: _____
(Name, clearly printed) (Number clearly printed)

Medical Details:

Please list below any medical condition your son/daughter may suffer from (e.g. epilepsy, asthma, haemophilia, poor eyesight, hearing impairment) and write any information the employer would need to know about the condition (e.g. ensure medical staff aware in case of an accident).

Pupil Agreement

- I agree to follow all instructions given to me by the person(s) responsible for me during my placement.
- I agree that I will not disclose any matters or information pertaining to the employers business.
- I agree to behave as an employee whilst on placement and adhere to the work place rules.
- I understand that I am representing the school during my placement and will act accordingly.
- I will not use my mobile phone during my working time.
- I agree to wear the appropriate clothing and footwear for the placement.

Signature of pupil: _____ Date: _____

Parental Agreement

I confirm that the above details are correct and note the undertaking by my son/daughter. I further confirm that, other than those declared above, no medical conditions exist of which the employer would require to be advised. I also take responsibility for all behaviour when he/she is with the employers.

Signature of parent: _____ Date: _____

A copy will be sent to the employer.