**EMPLOYER’S CONSENT FORM – ‘TAKE YOUR CHILD TO WORK’ DAY**

**Name of Student……………………………………………….. Tutor Group………………….**

**Name of Company………………………………………………………………………………….**

**Address of Company………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**Telephone number of Company…………………………………………………………………**

We confirm that the Student entering our Company from Wollaston School will be carrying out work shadowing/work observation activities only. As a Company the following policies/procedures will be in place to ensure the health, safety and welfare of the Student:

* Public Liability insurance.
* Employers Liability insurance.
* The plan of the day is appropriate and supervision of the Student adequate.
* Students will not have unsupervised access to people who are debarred from working with young people.
* There will be a health and safety briefing on the premises or site and any personal protective equipment is provided, if this is appropriate.
* I/We confirm that the parent/guardian of the above student has passed on any important medical information should they require emergency treatment.

**Contact name at the Company……………………………………………………………….…**

**Signature of the Employer………………………………………………………………….……**

**Date…………………………………………………………………………………………..………**

**Position ……………………………………………………………………………………………..**

**To be returned to your form tutor no later than Monday 9th December 2019.**