



**WORK EXPERIENCE PLACEMENT
PARENT CONSENT FORM
(Return to Calrossy)**

NAME OF STUDENT:

TELEPHONE:

STARTING DATE:

FINISHING DATE:

NAME OF EMPLOYER:

WORK EXPERIENCE POSITION:

ADDRESS OF EMPLOYER:

CONTACT PERSON AT EMPLOYER:

PHONE:

FAX NO:

E-MAIL:

MY UNDERSTANDING OF TASKS THE STUDENT IS LIKELY TO PERFORM:

SPECIAL REQUIREMENTS NEEDED (CLOTHING, FOOTWEAR ETC):

WORKING HOURS: Start:

Finish:

Lunch:

ANY OTHER COMMENTS/CONCERNS: _____

I have read the attached "Information for Parents and Students" (Attachment D) provided to me by the school. I consent to my child participating in the Work Experience program outlined above.

Parent/Guardian Signature _____

Date _____

Return this form to:

Mr. Charles Impey Email: Charles.Impey@calrossy.nsw.edu.au

Careers Advisor