## **Work Experience – Year 10 Students Monday 18 May - Friday 22 May 2026**

## **Parent/Carer Consent**

I give my consent for my child to participate in work experience.

Please provide any information regarding medical conditions, e.g. allergies, asthma, diabetes, epilepsy, etc	
Is there anything else you would like to bring to the company's attention? e.g. travel sickness, incontinence, or any other needs	
Signed:	Dated:
Parent/Carer	
Print Name:	
Student Agreement	
☐ I agree to observe the cond	iality of all information about the employers business itions and rules, particularly with regard to safety and security for the employer, employees and equipment
Signed:	Dated:
Student	
Print Name:	

Students should return the form to the main admin office by: Thursday 27 November 2025

PLEASE NOTE: ALL PLACEMENTS MUST BE APPROVED BEFORE WORK EXPERIENCE STARTS – IF APPROVAL IS NOT GIVEN THE PLACEMENT CANNOT START

## The Royal Sutton School Work Experience Consent Form Monday 18 May to Friday 22 May 2026

Please retain a copy for your records.

Thank you for completing the consent form and offering our students a chance to experience a work placement. Our contact details are at the bottom of this form. Our health and safety team led by Matt Franks will be in contact with you nearer to the time to support our process.

Names of Student:		Form:	
Date of Birth:			
Company Details:			
Working with a family member:	Yes or No		
Name of Firm:			
Contact person at company:			
Full Address inc post code:			
Email address:			
Telephone Number:			
Work Experience hours:			
Public Liability Insurance:			
Company consent:  agree to the named student taking part in work experience at the above-named placement.			
Signed:	Dated:		
Print Name:			
Position Held:			

The Royal Sutton School contact details

Enquiry@trss.bham.sch.uk 0121 378 1946

Mrs Norton

Mr Denver – Head of year 10