

CONTRACT FOR PUPILS

POCKLINGTON SCHOOL WORK EXPERIENCE

Please complete this form and return it to Dr Farrar by **Monday 22nd March**.

In order that I gain the most benefit from work experience and begin to understand working practices, I **must** meet the following requirements:

1. Submit the signed Initial Parental Permission Form to Dr Farrar by **Monday 22nd March**, and submit the signed Final Parental Permission Form (agreeing to the conditions of my placement) to Dr Farrar on receipt of the results of the risk assessment and **before** the placement.
2. Return the completed 'Pre-Placement Vetting' Form to Dr Farrar no later than **Monday 22nd March**.
3. Attend the work experience preparatory lessons in school.
4. Contact my work experience employer before work experience begins, and attend an interview if requested to.
5. Agree to the terms and conditions of my employer.
6. Attend the debrief session.

PUPIL AGREEMENT

I have read and understand the Work Experience Contract and I agree to meet the requirements in order that I may undertake a work experience placement from Monday 28th June to Friday 2nd July, 2010.

Name (printed)..... Tutor group:.....Date:.....

Signed:.....

Witnessed by Parent/Guardian:.....(Signature)