

WORK EXPERIENCE CONSENT AND INDEMNITY FORM 25/26

To be completed by parent/carer (if under 18) and returned and returned to the Placements Team during enrolment or in the ICE Office.

Student	Date of birth
Course title	
Home address	Student contact number
Term time address (if different)	Student contact number
<p>1. It may be necessary to share personal information about you, including your health details or needs, your emergency contact details and any EHCP outcomes and Personal Assessment Plan, if applicable, to your placement provider.</p> <p>Do you give permission for this personal information to be shared Yes / No (delete as appropriate)</p>	

2. Do you suffer from any of the following? Please tick where appropriate and give details in section 3.	<input checked="" type="checkbox"/>
Bronchitis, asthma or chest complaints	<input type="checkbox"/>
Visual impairment, hearing impairment or other sensory impairment	<input type="checkbox"/>
Epilepsy, fits or fainting attacks	<input type="checkbox"/>
Muscle, nerve or skeletal pain	<input type="checkbox"/>
Any medical conditions that result in restrictions to physical activity	<input type="checkbox"/>
Skin allergies or eczema	<input type="checkbox"/>
Any other health issues or the need for regular medication, that are relevant. In order for the placement provider to fulfil their duty of care it is essential that you disclose any condition e.g. pregnancy, nursing mother, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia etc.	<input type="checkbox"/>
<p>NB If there is a change in your circumstances affecting your health or any other needs before you go out on work experience, please inform your placement provider and tutor.</p>	
<p>3. If you have ticked any of the boxes above then please provide more detail below. Please ensure that you provide details of how this is managed and any support you may need whilst on placement. E.g. I use an inhaler for my asthma.</p>	
<p>4. Do you currently have any support from external agencies eg CAMHS, Connexions, social workers etc? If so, please give details (UK students only).</p>	

5. In the unlikely event that you are involved in an emergency whilst on work placement, please provide details of the parent/carer you would like the placement provider or Hartpury College to contact:

Name 1	Contact number
Relationship to student	
Name 2	Contact number
Relationship to student	
Student signature	Date

If the student is under 18 years of age then a parent/carer must complete this section.

I hereby consent to the person named above undertaking a Hartpury College approved work experience placement(s) as part of their programme of studies at Hartpury College.

I understand and accept that it is my responsibility to ensure that any residential accommodation for my young person whilst living away from home on work experience/work placement, is suitable from a safeguarding perspective. Hartpury College do not perform checks on any living arrangements that you agree with the work experience provider. Refer to our checklist for guidance on what to look out for when assessing accommodation. Visit www.hartpury.ac.uk/comingtohartpury

I certify that the person named above is medically fit to undertake work experience placements as part of their programme of studies at Hartpury College. I further consent to the giving of such urgent medical attention as may prove necessary during the period of the placement.

In consideration of the organisation or company offering the work experience placement I hereby undertake to indemnify the organisation or company and the college against any such costs or expenses reasonably incurred by them on behalf of the student named above during the period of the placement, provided that such indemnity shall not extend to claims, damages or costs or expenses against the risk of which the organisation, company or college shall be entitled to be indemnified under any policy of insurance.

Signed parent/carer	Date
Parent/carer name	
Parent/carer contact number	

Personal accident insurance

The college shall not be liable for damages or loss however occasioned to students or their personal property whether on the campus or off the campus whilst under the jurisdiction of the college, unless the student shall suffer death or personal injury as a result of proven negligence of the college.

Students are therefore advised to take out their own personal insurance in respect of personal injury, loss, theft or damage to their property.

The information collected in this form is collected solely for the purposes of the work placement, the information will be stored securely, with access limited to those authorised by the college to administer work placements. The information will be destroyed one year after the completion of the placement. We do not share this information with any external bodies.