**TAKE YOUR TEENAGER TO WORK CONTACT FORM**

**CY CONTACT FORM**

 ***This form MUST be returned by Friday 19th April 2024***

I understand that ……………………..…….…………………….…. (name of child) will be accompanying ……………………………………………………….. (name of employee)

For work experience on the following dates: **Monday 15th July, Tuesday 16th July, Wednesday 17th July, Thursday 18th July 2024**

**DETAILS OF WORK EXPERIENCE PLACE OF WORK**

NAME OF ORGANISATION: ……………………………………………..

ADDRESS: ………………………………………………………

 ………………………………………………………

 ………………………………………………………

POSTCODE: ………………………………………………………

TELEPHONE: ………………………………………………………

MOBILE (if appropriate): …………………………………………………..

E MAIL: ……….…………………………………………..…

In case of emergency -

NAME OF EMPLOYER CONTACT:………………………………………..

**TERMS & CONDITIONS**

* The student will be covered by the insurance of the organisation
* The student will be covered by ‘Health & Safety’ regulations of the organisation

**I agree to the above terms and conditions.**

Signed: ………………………………………………. Date: ……………………

Print Name: ……………………………………………………..

Position: …………………………………………………………

Company Stamp (if applicable):

***Thank you for agreeing to take part in these invaluable work experience days.***