

# TOOGOOLAWAH STATE HIGH SCHOOL



## YEAR 10 WORK EXPERIENCE PERMISSION FORM - 2024

Please complete and return this form to the School Office after you have made contact with a prospective work experience provider.

### Student Details

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Caregiver Details

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Work Experience Details

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Industry/Job Type: \_\_\_\_\_

Work Hours/Day (**not to exceed 8 hours per day**): \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### I UNDERSTAND:

- Due care will be exercised by the organising staff members in the placement of students for work experience.
- Students must abide by all conditions in the Work Experience conditions stated on the enclosure.
- Students hold a measure of responsibility for their own safety within the workplace.
- School personnel and parents have to rely on industry management and supervisors, as teachers are not supervising students during the week of work experience.
- It is the parent's responsibility to arrange transport to and from work experience for their child.

I give my approval for \_\_\_\_\_ to be involved in the Year 10 School Work Experience Program (Monday 25 March – Thursday 28 March 2024).

\_\_\_\_\_  
*Parent/Caregiver Signature*

\_\_\_\_\_/\_\_\_\_\_/2024  
*Date*

**Return to School Office by Friday 16 February 2024**