**Work experience – University of Manchester Department of Physics & Astronomy   
[DATES]**

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| --- | --- |
| Student: | |
| School: | |
| Student signature: | Date: |

To be completed by your teacher and a parent or guardian:

The student named above has been selected to complete work experience at the University of Manchester from [DATES] under the supervision of [SUPERVISOR]. This will be based at [BUILDING, ADDRESS]. A risk assessment has been carried out and signed off by the University’s Health & Safety professionals, and a copy is available on request.

Please note that we can’t reimburse costs for travel, accommodation or subsistence.

Please complete and sign the boxes below to give permission for the student to attend the programme.

|  |  |
| --- | --- |
| **Teacher agreement allowing student to come out of college for this event (if during term)** | |
| Signed: | Date: |
| Name: | |
| Email: | |

|  |  |
| --- | --- |
| **Parent/carer/guardian permission for student to attend event** | |
| * **I consent to my son/daughter receiving treatment by a qualified First Aider if required.** * **I acknowledge and agree that, in the unlikely event of any serious accident or medical incident involving my son/daughter, the University will act on medical advice received in relation to my son/daughter and I consent to this.** * **I acknowledge that, in the unlikely event of any serious accident or medical incident involving my son/daughter, the University will try and contact me as soon as possible.** | |
| Signed: | Date: |
| Name: | |
| Email: | |
| Phone: | |

Emergency contact details

Please provide details of who we should contact in case of an emergency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Relationship to student:** |  |
| **Phone (home/work):** | |  | | |
| **Phone (mobile):** | |  | | |

The staff member supervising the group will be [NAME], tel: [office number]

Accessibility requirements & medical information

Whether or not you consider yourself to have a disability, do you have any accessibility requirements or are there any other issues you’d like to make us aware of? This information will be confidential.

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Please fill in this form and return both pages -

**by email:** [EMAIL]

**or by post:** [POST ADDRESS]

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**Data Protection**: The University of Manchester will use the information you have supplied for the purpose of administering this work experience placement only. It will treat this information in accordance with the General Data Protection Regulation and Data Protection Act 2018. The data will be kept confidential and will not be supplied to any third party. The data will only be seen by those individuals within the University who need to see it and will be destroyed when it is no longer needed.