

## CRESCENT COLLEGE COMPREHENSIVE S.J.

*(This document must be returned to CCC during the first week in September)*

### WORK EXPERIENCE - AGREEMENT FORM

<u>AGREEMENT FORM – STUDENT</u>	<u>AGREEMENT FORM – EMPLOYER</u>
Name: _____	Employer: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Work Experience day: _____	Hours of work: _____
Commencing Date: _____	Supervisor responsible for student : _____
Finishing Date: _____	

#### STUDENT

As student named above I agree to take part in this Work Experience scheme. I also agree to hold in confidence any information about the Employer's business which I may obtain during this work period and not to disclose such information to another person without the Employer's permission. I also agree to observe all safety security and other regulations laid down by the employer and made known to me either by the Employer's representatives or by displayed instructions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT/GUARDIAN

As Parent/Guardian of the student named above, I confirm that I have read and understood this form and the other accompanying documents and agree to his/her taking part in this scheme and undertake that he/she will observe the conditions set out above. I confirm that he/she does not suffer from any physical defect such as epilepsy, asthma, colour blindness, etc., which could result in an unnecessary risk to his/her health or safety or to the health or safety of another person.

Name: \_\_\_\_\_ Parent/Guardian

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

#### EMPLOYER

As a representative of the above employer, I agree to the student named above working on my premises in accordance with our Letter of Understanding.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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