



Pimpama State Secondary College  
Year 10 Work Experience  
Permission Form 2018

<b>STUDENT DETAILS:</b>			
<b>Name:</b>	<b>DOB:</b>	<b>Male / Female</b>	<b>Homeroom Class:</b>
<b>Student Preferred Email:</b>		<b>Mobile:</b>	
<b>PARENT / GUARDIAN CONTACT DETAILS:</b>			
<b>Home Phone:</b>			
<b>Home Address:</b>			
<b>Parent /Guardian #1 (Name):</b>	<b>Email:</b>		
	<b>Work Phone:</b>	<b>Mobile:</b>	
<b>Parent Guardian #2 (Name):</b>	<b>Email:</b>		
	<b>Work Phone:</b>	<b>Mobile:</b>	
<b>My student will travel to and from Work Experience using (e.g. Bus / Train / Private / Walk):</b>			

I, \_\_\_\_\_, **DO** wish for my son / daughter \_\_\_\_\_ to participate in the Pimpama State Secondary College Work Experience Program in Week 3, Term 3 (30 July- 3 August):

My son / daughter is 14 years of age or older. I understand the work experience placement must ultimately be agreed to by the Principal. I also understand that my son / daughter cannot change their mind after being placed, except under exceptional circumstances and with the school's approval. Additionally, I understand that my son / daughter's work experience provider may require my child to travel in a car during the Work Experience placement for the specific purposes of their employment.

I have read and understood:

- Work Experience Information for Parents and Students;
- The pages relating to Insurance Coverage during Work Experience; and
- The Education Queensland Agreement form.

My son / daughter and I agree to meet both Education Queensland and Pimpama State Secondary College's requirements for participation in the Work Experience Program. We understand that failure to meet any of the requirements may lead to the student's withdrawal from the Work Experience Program.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(Name of Parent / Guardian)

\_\_\_\_\_  
(Signature of Parent / Guardian)

\_\_\_\_\_  
(Date)

