



Work Experience 2024

Parent Form

Please complete and return to the school VET coordinator before commencing work placement. Email to jason.vanzyl@rehoboth.wa.edu.au

I give permission for my son/daughter _____ to undertake work experience with the following business / workplace:

| | |
|-----------------------|---|
| Business name | |
| Contact person | |
| Date | Monday 29 th April to Friday 3 rd May |

I understand that:

- The primary responsibility for assessing the suitability of a work placement is with parents.
- Parents are responsible for transport arrangements for work experience.
- Students on work experience are covered by the College's Student Accident/Injury policy.
- I will assist my child to complete and submit the necessary documents to the College prior to commencing work experience.

If there are any problems or questions these should be communicated to the VET Coordinator as soon as possible.

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____ Date: _____