

**EMPLOYER'S CONSENT FORM – 'TAKE YOUR CHILD TO WORK' DAY**

**Name of Student..... Tutor Group.....**

**Name of Company.....**

**Address of Company**

.....

.....

**Telephone number of Company.....**

We confirm that the Student entering our Company from Campion School will be carrying out work shadowing/work observation activities only. As a Company we will ensure the following policies/procedures will be in place to ensure the health, safety and welfare of the Student.

- Public Liability insurance.
- Employers Liability insurance.
- The plan of the day is appropriate and supervision of the Student adequate.
- Students will not have unsupervised access to people who are debarred from working with young people.
- There will be a health and safety briefing on the premises or site and any personal protective equipment is provided, if this is appropriate.
- I/We confirm that the parent/guardian of the above student has passed on any important medical information should they require emergency treatment.

**By signing this document, we confirm that the named student will be insured under the terms of our own insurance and a copy of the Public Liability Insurance Certificate will be provided to Campion School.**

**Principal:** Mrs Kim Bradley-Smith

Campion School is part of United Learning: United Learning comprises: United Learning Ltd (Registered in England No: 00018582. Charity No. 313999) UCST (Registered in England No: 2780748. Charity No. 1016538) and ULT (Registered in England No. 4439859. An Exempt Charity). Companies limited by guarantee. Registered address: United Learning, Worldwide House, Thorpe Wood, Peterborough, PE3 6SB.

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Kislingbury Road  
Bugbrooke  
NN7 3QG

t: 01604 833900  
e: csoffice@campion.northants.sch.uk  
w: campionschool.org.uk

**Signature of the Employer.....**

**Name.....**

**Position .....**

**Date.....**

**To be returned to Mrs Capon no later than Friday 6<sup>th</sup> November 2026**

**Principal:** Mrs Kim Bradley-Smith

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