[ATTACHMENT A]
HOST EMPLOYER CONSENT AND ACKNOWLEDGMENT FORM

Supervisor’s Name: __________________________ Position: __________________________

Host Organisation: ______________________________________________________________

Host Address: __________________________________________________________________

Host mobile: ___________________ Host e-mail address: ______________________________

Signature:________________________

Students Name: ___________________________ Dates Attending: ______________________

Whilst on placement the student will be undertaking the following tasks (insert activities):

- 
- 
- 

[ATTACHMENT B]
PARENT CONSENT FORM

I have:

- read ‘Attachment C: INFORMATION FOR PARENTS AND STUDENTS’, provided to me by the college.
- submitted to the Careers Adviser a completed and signed copy of ‘ATTACHMENT A : HOST EMPLOYER CONSENT AND ACKNOWLEDGMENT FORM’ (above)

I consent to my child participating in the Work Experience program outlined above:

Student’s Name: ___________________________ Student mobile number: __________________

Parent Name: _____________________________ Parent contact phone number: ______________

Parent email address: ______________________

Parent Signature: _________________________

DUE BY FRIDAY 28th OCTOBER 2016
(or at least 2 weeks prior to the commencement of your work experience)

Please return your completed form to Christine Watson-Brown, Careers Adviser via the college office, by email cwatson-brown@staff.masada.nsw.edu.au or fax to 02 9144 3722