



My Rock and My Fortress

בס"ד

MASADA COLLEGE

Early Learning Centre
Kindergarten to Year 12

9-15 Link Road St Ives NSW 2075

PO Box 235 St Ives NSW 2075

Phone: (02) 9449 3744 Fax: (02) 9144 3722

Email: masada@masada.nsw.edu.au

www.masada.nsw.edu.au

**[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 15th SEPTEMBER 2017

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