

WEST COAST DHB MĀORI HEALTH RANGATAHI WORK PLACEMENT PROGRAMME PARENT/CAREGIVER CONSENT FORM

The Grey Base Hospital Work Placement Parent/Caregivers Consent form is to be completed, signed and returned either by mail or with the student attending on Tuesday 17th - Thursday 19th August 2021.

1. I/we give consent for _____ to participate in the Kia Ora Hauora Work Placement Programme. I/we understand the conditions of the programme and agree that transport to and from the job is the student and caregivers responsibility.
2. I/we give permission for _____ where possible, to travel with a member of school staff, or the employer for Work Placement related appointments.
3. It is agreed that the hours of attendance at the job will be beginning at 9am and finishing at 4.00pm.
4. I/we give permission for our son/daughter to be photographed. These photographs will be used for promotional purposes to promote "Kia Ora Hauora Work Placement Programme" YES / NO

Students signature

Parent/Caregivers signature

Date