**Statement of Contractual Obligations**

I agree that:

 Student

 Initials

|  |  |
| --- | --- |
| I will attend the workplace on the days and times agreed with my employer/work experience supervisor. |  |
| I will perform my duties to the best of my ability and comply with all reasonable directions of the employer and its employees. |  |
| If during my work experience I have access to information which is private and confidential, I will not convey to any person outside the organisation any knowledge or information which I have gained as a result of the work experience. |  |
| I will notify my employer and CSN of any absences or changes to my work experience (e.g. sickness, appointments, etc) |  |
| If I am in contact with any members of the public as part of my work experience, I will treat them with the highest respect and politeness as I am aware that I am representing the organisation at all times during the work experience. |  |
| I will comply with all Health & Safety regulations. |  |

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_