

Parental Consent

As the parent/guardian of a child wishing to undertake a work experience placement at GOSH, you are required to provide us with your consent for your child to enter the Trust.

We appreciate that some children may find this experience challenging and different, however we would like to ensure that you are fully supportive of your child taking this placement on and that we can proceed with processing their application.

We therefore ask you to complete this document in full, which can be attached to your child's application.

Please note application without parental/guardian consent will not be processed.

I/We;

Mr/ Mrs / Miss / Dr / Prof / other (Please state your full name)

Give consent for my child:

(Please state full name of child)

To attend a placement at Great Ormond Street Hospital for Children NHS Foundation Trust, during the period of:

(Please state dates requested)

I/We, agree/disagree with the choices of department my child has made.

In the event of emergency, please contact me on.

(Please state contact number)

(Please state email address)

(Please sign)

(Please state date signed)