##### **WORK EXPERIENCE 2016-2017**

##### **REGISTRATION FORM**

Completing this form is an administrative duty for all future trainees. Other tasks (write a resume, identify possible work experience places, apply for a traineeship,…) must be also completed (see [www.eeb1.eu-](http://www.eeb1.eu-) secondary school/work experience/procedure to follow)

###### Please use CAPITAL letters

|  |  |
| --- | --- |
| FAMILY NAME |  |
| FIRST NAME  |  |
| CLASS  |  |
| ADDRESS |  |
| TEL + e-mail |  |

Spoken languages:

I understand that Work Experience will take place

from 03/07/2017 to 07/07/2017 (and/or during school holidays) and

**I confirm that I have no other arrangements during the first week of July**

I confirm that I shall go to Mr Beliën’s classroom (R209) to fill in three copies of the contract and I shall write a report after the Work Experience. I will provide a feedback to the project coordinator to refine the programme. I will work according to legal working hours and will be not be remunerated.

Date ………………………………… Signature………………………………….

**PARENTS' CONSENT FORM**

Student’s name………………………………………… Class …………………………

I am happy for my son */* daughter to participate in a Work Experience placement to gain experience in the professional world. I will help him find a training that best fits with his/her aspirations.

I understand that my son/daughter shall not receive any payment.

Assuming that all administration forms are returned to the project coordinator within the agreed deadlines, my son */* daughter will be insured by the school in the event of an accident while taking part in this program.

I declare that my son */* daughter will participate in this project during the dates mentioned in the registration form even if it requires a change in family holidays.

Date ………………………………………………………………………………………………….

Signature of the parents ……………………………………..……………………………………….