



**Approval for Work Experience / Duke of Edinburgh volunteering
in the shop for a young person 14 – 18 years old**

Young Person's name	
Date of birth	
Address	
Telephone number	
Parent/Guardian name	
Relationship	

I have read and understood the Broadhempston Community Shop Safeguarding and Health and Safety Policies and agree that the young person above is able to work in the shop as part of a work experience* / Duke of Edinburgh* project.

Please be aware of the following medical or other conditions, which may affect what tasks may be given:

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Planned time frame From:		To:	
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Parent/Guardian signature:		Date:	
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Shop Manager signature:		Date:	
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**Delete as appropriate*