

# Work Placement Consent Form

This **work placement consent form** sample is designed specifically for university students to obtain necessary permissions before starting their internship or work placement. It ensures clear communication of responsibilities and expectations between students, educational institutions, and host organizations. Using this form helps streamline the approval process and safeguard all parties involved.

## Student Information

**Full Name:**

**Student ID:**

**Degree/Programme:**

**University Email:**

**Phone Number:**

## Work Placement Details

**Host Organization:**

**Placement Title/Role:**

**Supervisor Name & Position:**

**Placement Address:**

**Placement Dates (Start - End):**

 DD/MM/YYYY - DD/MM/YYYY

## Consent and Agreement

By signing this form, I acknowledge that:

- I have read and understood the terms and conditions of my work placement as outlined by the university and the host organization.
- I agree to abide by the rules and regulations set forth by both the university and the host organization.
- I understand my responsibilities and commit to conducting myself in a professional and ethical manner during my placement.
- I consent to the sharing of relevant personal and academic information between my university and the host organization, strictly for placement-related purposes.

**Student Signature:**

**Date:**

**University Supervisor/Placement Coordinator (Name & Signature):**

**Date:**

**Host Organization Supervisor (Name & Signature):**

**Date:**

**Note:** Please ensure all fields are completed and the required signatures are provided before submitting this form to the relevant university department.