



Date: May 2022

Dear Parent/Carer,

Re: Work Experience July 2022

It is always our intention at Dame Elizabeth Cadbury School to offer all pupils in Year 10 two weeks of work experience where possible. The programme is intended to introduce pupils to the workplace. It does not have to be in an area where they hope to work to the sometime in the future, just somewhere they may find interesting.

If your child cannot secure a placement, they will be required to be in school for the duration of the period.

We place an emphasis on pupils to take responsibility to find their own placements supported by Mr Franks, who has worked with the school for a number of years and can direct pupils towards potential workplaces.

The timings of the work day would be at the discretion of the employer and will be contacted by Mr Franks who will also complete the relevant Health and Safety checks prior to pupils starting their placement.

If your child has successfully secured a placement, please fully complete the attached form and return it to school for the attention of Mr Wright. Without this, the placement cannot go ahead.

Yours sincerely

Mr Wright
Assistant Head Teacher





Work Experience Placement Details

Monday 11/7/2022 – Thursday 21/07/2022

Student Details

Name of Student:

Form:

Date of Birth:

Company Details – Please complete once the placement has been agreed with the provider

Name of Firm:

Address:

Postcode:

Full name of contact person:

Telephone number:

Type of work/tasks undertaken by the student:

Dates of placement: **Monday 11th July – Thursday 21st July**

Company consent

I agree to the named student taking part in work experience at the above-named placement.

Signed: _____ Date: _____

(Contact person at placement)

STUDENTS SHOULD RETURN THIS FORM BY FRIDAY 27th May.
PLEASE NOTE: ALL PLACEMENTS MUST BE APPROVED BEFORE WORK EXPERIENCE STARTS – IF APPROVAL IS NOT GIVEN THE PLACEMENT CANNOT BE USED AND STUDENTS WILL BE IN SCHOOL FOR THE TWO WEEKS OF WORK EXPERIENCE.





Parent/Guardian Consent

I requested the school to confirm Work Experience at the named company if confirmed and have read and agreed to the conditions given earlier. I give my consent for my son/daughter to participate in work experience.

My son/daughter does not suffer from any medical condition, which may result in a risk to their health and safety or that of any other person. Or I will ensure that details of any medical condition/treatment that the work experience provider may need to know in order to undertake an appropriate risk assessment are given.

Signed: _____ Date: _____
(Parent/Guardian)

Student Agreement

I agree to respect confidentiality of all information about the employer's business.

I agree to observe the conditions and rules, particularly with regard to safety and security.

I understand I have a duty of care towards the employer, employees and equipment.

Signed: _____ Date: _____

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