



September 2018

Dear Parent/Guardian

**Work Experience Information Evening, Thursday 18<sup>th</sup> October at 5.30pm in the School's Main Hall**

Please come along with your child and join us at a 'Work Experience Information Evening' on Thursday 18<sup>th</sup> October 2018 at 5.30pm in the School's Main Hall and find out the necessary information to support your son/daughter with their Work Experience Placement. During the Spring Term, your son/daughter will be going out on Work Experience. This is an excellent opportunity for your child to experience the world of work. I am writing to ask for your support in helping your son/daughter get the best possible opportunity.

Work Experience encourages students to make the right choices and decisions to help them decide what they want to do when they leave school and it often leads to future part time work. Due to the current economic climate, work experience placements in the local vicinity are limited. With this in mind, I would ask you to encourage your son/daughter to think about undertaking a placement further afield. Perhaps in the vicinity you or a family member work or in an area easily accessible by public transport. Working in a different town offers the chance to appreciate new opportunities not available locally and extends the choices on offer.

We encourage students to find their own placements as this enriches the learning experience, provides valuable insight into looking for a job and develops confidence. If you're able to support your son/daughter by helping them find a suitable placement, 'Private Placement Forms' are available from their Year Manager, Mrs Mountford. I will also enclose a copy of this form in the work experience information pack which can be collected at this event. This form will need to be completed by the employer and returned back to school **no later than Friday 11<sup>th</sup> January 2019**. *Please Note: Any student planning to work outside of Hertfordshire (e.g. in London) will need to find their own work experience placement and complete a 'Private Placement Form'.*

In order to help the work experience process, please complete the attached medical and consent form as soon as possible and ask your child to return it to the school's main office for the attention of Angela Manley or alternatively bring it along to the 'Work Experience Information Evening'. This form is important as the school needs to be aware of any medical issues which will affect your son/daughter's health and safety whilst on their placement.

We look forward to seeing you at the 'Work Experience Information Evening' where I will explain the work experience process and how it will benefit your child when choosing their future career path. If you do know of any local businesses that would benefit from taking part in the work experience scheme by offering opportunities to students from Onslow St Audrey's School, please do let me know.

Thank you for your support and if you have any queries concerning any of the above, then please do not hesitate to contact me.

Yours sincerely

*A Manley*

Angela Manley  
Careers and Enterprise Advisor  
Email: amanley@onslow.herts.sch.uk



MEDICAL AND CONSENT FORM

Please complete ALL sections and return to the 'Attention of Angela Manley' by Thursday 18th October 2018.

WORK EXPERIENCE

Year 10 – Spring Term 2019

STUDENT INFORMATION:

SURNAME: ..... FIRST NAMES: .....

FORM: ..... ADDRESS: .....

DATE OF BIRTH: ..... TELEPHONE (HOME): ..... MOBILE: .....

DOCTOR'S NAME: .....

TELEPHONE No: .....

ALTERNATIVE CONTACT PERSON
NAME: .....
TELEPHONE NO: .....

Does your child suffer from any of the following (please delete as appropriate) If YES, please indicate any medication that is usually prescribed.

Table with columns: AILMENT, YES / NO, IF YES, details of medication / treatment and any relevant information. Rows include Hay Fever, Migraine, Travel Sickness, Asthma, Epilepsy, Diabetes, Fainting Attacks.

TETANUS Has your child been immunised? YES / NO YEAR .....

ALLERGIES

Table with columns: a) Dust, b) Nettle Rash, c) Elastoplast, d) Insect Stings, e) Penicillin, f) Food Allergies, g) Any others, YES / NO. Includes note: (If YES, see below)

ANY OTHER MEDICAL CONDITIONS (Please indicate) .....

PLEASE NOTE

- a) I agree that my child can take part in Work Experience. I declare my child fit enough to take part in this opportunity. I have declared any medical concerns on this form.
b) I consent to the staff/employer in charge giving permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder the child's progress.
c) Pupils will be required to make their way to and from their Work Placement.

Signed by Parent / Guardian..... Date .....