

Work Experience Placement Form

Student Name: _____ Date of Birth: _____

Address:

_____ Form: _____

I have arranged my own placement at:

Company Name: _____

Contact: _____

Telephone Number: _____

Address: _____

Post Code: _____

Type of Work:

PLEASE NOTE THAT ALL PLACEMENTS WILL BE CONTACTED FOR A HEALTH AND SAFETY VISIT AND INSURANCE CHECK. (ALL EMPLOYERS MUST HAVE EMPLOYER'S LIABILITY INSURANCE)

PLEASE RETURN TO MRS C WEBB AT SCHOOL BY FRIDAY 11TH SEPTEMBER 2009.

Work Experience Medical Details and Placement Consent Form

To help us ensure that pupils have suitable work experience placements, please provide us with the following information:

Student's name: _____ Form: _____

Does your son/daughter/charge have any of the following?	Yes	No
Allergies/skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
Conditions affecting mobility or the use of arms or legs	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Impaired colour vision	<input type="checkbox"/>	<input type="checkbox"/>
Impaired eyesight	<input type="checkbox"/>	<input type="checkbox"/>
Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>

Other medical conditions (*please specify*):

If you have answered **yes** to any of the above, please give details below:

Please give details of any regular medication required:

I consent to my daughter/son/charge,

_____ taking part in work experience between 15th - 19th March 2010

Signed _____ (Parent/Guardian)

Date _____

Please return this form to Mrs C Webb by 11th September 2009

FLINT HIGH SCHOOL - WORK EXPERIENCE PROGRAMME

We are able to offer a placement between 15th - 19th March 2010 to :

Number of students

Name of student(s) if applicable :

Name of Organisation :

Department Name (if applicable) :

Contact Name : Position :

Address if different from above :

Tel : Email :

The student would be expected to work on the following days (please tick as appropriate) :

Mon	Tues	Wed	Thurs	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The hours of work are : to

Please give details of the type of experience that you can offer :

What would you require from the students in the form of dress, skills, qualities, etc ?

Does your organisation have the following Insurance Cover? (Please delete as appropriate):

Employer's Liability : Yes/No	Public Liability : Yes/No
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As a representative of the employer I agree to the student working on my premises in accordance with the letter of understanding and acknowledge my responsibilities under the Health and Safety legislation.

Name : _____ Position : _____

Signed : _____ Date : _____

Some important information for next year:

1. Glan Llyn course GCSE PE – 7th – 11th October 2009
2. Year 10 Exam week – 4th May 2010
3. Work Experience – 15th – 19th March 2010
4. Briefing Evening – to be confirmed
5. Reports & Parents Day – to be confirmed

Form Tutors

100T	Miss O Tattum	Room 5
10MT	Mr M Taylor	Room 32
10AB	Mrs A Bellingham	Room 68
10KR	Mrs K Rees	Room 37

Could you please ensure that your child has a sensible school bag in September containing the following:-

LEARNING CHECKLIST

Planner
Blue or Black Pens
Pen in a contrasting colour – Green or Red
Pencil
Rubber
Pencil Sharpener
Ruler
Coloring Pencils
Highlighter
Protractor & Compass
Calculator
A4 folder with plastic wallets.

Reply Slip

I have received the information letter concerning year 10 Work Experience.

Signature _____ Form _____

Childs Name _____



flint high school ysgol uwchradd y fflint

Maes Hyfryd, Flint, Flintshire CH6 5LL
Tel: 01352 732268 • Fax: 01352 731066
email: fhmail@flint.flintshire.sch.uk

14th July 2009

Dear Parent/Guardian,

Re: Work Experience Placement 15th – 19th March 2010

I am writing to inform you that we have started our preparation in School for next year's work experience. We are starting every year in July to allow enough time for all students to find placements that are suitable and also to ensure that health and safety and insurance checks are undertaken in sufficient time to allow placements to take place. All placements must be checked for health and safety and insurance prior to School consent being given.

All students will have the opportunity to attend a session by Careers Wales outlining why they are going out on work experience and what considerations they need to take in finding a placement.

The purpose of work experience is to:

- introduce students to the world of work
- complement their School based learning through active reinforcement in a commercial, industrial, or service environment
- develop further their personal and social skills
- provide students with the opportunity to work individually and as team members.

I enclose several forms which should all be completed and returned to Mrs C Webb in the office in School no later than **11th September 2009**. The first form is a consent form for you to sign and allow your son/daughter to attend work experience. The second is a form asking for details of the work placement that your child has found. The Work Experience Programme form and the Risk Assessment forms should be filled out by the employer.

I would like to thank you for your continuing support. If you have any queries I can be phoned on the above number. I wish your child every success with their GCSE studies next year. May we remind you that students take GCSE's and other qualifications throughout the years 10 and 11 and that they need to be in school at all times. Holidays in term time are therefore not advisable. Have a wonderful summer holiday.

Yours sincerely,

Mrs P L Stevenson
Learning Manager Year 9 / 10