

## **FAO Parents/Guardians of Year 10 students**

27th November 2008

Dear Parent/Guardian,

### **Year 10 Work Experience**

As you will be aware, all Year 10 students will be undertaking a week of work experience during the week commencing 8<sup>th</sup> June 2009. I hope those of you who managed to come to the recent Information Evening for parents found it useful. I will shortly be briefing the students on what they need to know in order to start preparing for their work experience.

### **Consent, medical and contact details**

I would be grateful if you could now complete the two attached forms and return them to school as soon as possible.

1. The first form is attached to the bottom of this letter and is our usual consent form for out of school activities, trips etc. Your signature on this form gives your consent to your son/daughter undertaking the week of work experience and to emergency medical treatment should it be required (this part will be copied to your child's employer). The form also asks you to check that we have the most up to date contact and medical details in order that the school's records are updated prior to the students going out on work experience. This is important both for insurance purposes, and so that our records are up to date in the case of our needing to refer to them.

2. Could you also please complete the enclosed separate form headed BEAUMONT SCHOOL WORK EXPERIENCE 8-12 JUNE 2009 MEDICAL INFORMATION FOR EMPLOYER. This form will be sent to your child's 'employer' prior to the week your child will spend with them. We send this completed form to the employer so that in the event of your child being unwell or encountering a problem whilst on the placement, their employer has immediate access to relevant information. It will also alert them if your child has a particular medical or other condition that means there is a need to re-visit their risk assessments for the work placement so they can ensure your child's safety and well-being. It is important, therefore, that it is accurate and complete. You should include ALL relevant medical/other information on this form, as it is the only written information about your child that will be passed to their employer, apart from the consent section of the form attached to this letter as outlined in the above paragraph. If any of this information changes prior to the Work Experience week please let us know.

**Please return both these forms to school by Monday 8<sup>th</sup> December 2009.** Nearer the time you will receive details of your child's actual placement and a consent form in relation to this.

### **Selection of Work Experience Placements**

As was explained at the meeting, many of our students take up one of the work experience placements we offer through the Hertfordshire Careers Service (HCS) WebView on-line placement booking system. This website will be up and running for Beaumont early in the New Year and students wishing to choose from this list should have identified their preferences on-line by **Monday 9 February** at the latest. Some students, however, choose to organise a placement with an employer privately if they have, or can establish, a contact in a company where they would particularly like to spend the week. Should you wish to pursue this option please ensure that you obtain a Work Experience Referral Request form from the School Office or from the Information tab on the school website [www.beaumontschool.com](http://www.beaumontschool.com). This form needs to be completed both by yourself and by the Company concerned, and must be returned to School by **Monday 9 February 2009** at the latest, but earlier if at all possible, in order that HCS can undertake the necessary checks.

Depending on the location of the proposed private placement there may be a charge by HCS for undertaking their checks, which Beaumont School will need to pass on to you. Full details accompany the Work Experience Referral Request form.

For the avoidance of any doubt, I should make it clear that if students are organising a private placement, they should NOT make selections on the WebView system as well.

I hope this is clear but if you have any queries please contact myself or Mrs Ann Darnell, the Work Experience Administrator. If you need additional copies of this letter you can download them from the Information tab on the school website [www.beaumontschool.com](http://www.beaumontschool.com).

Yours faithfully

**Mr Brian Carter**  
**Assistant Headteacher**



.....

**Year 10 Work Experience Week 8-12 June 2009**  
**Consent Form and Emergency Contact/ Medical Details**

Name of Pupil..... Form.....

**CONSENT**

I give consent for .....(name) to take part in the Year 10 Work Experience Week 8-12 June 2009. I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the Work Experience. I undertake to inform the school of any condition which may affect my child's participation in work experience and to supply a GP's certificate of fitness to take part if required.

Signed..... Date.....

Print name.....Father/Mother/Legal Guardian

**EMERGENCY CONTACT/MEDICAL DETAILS.**

Please tick either box A or B.

- A  I confirm that all details held by the school on the gold form concerning emergency contact telephone numbers and/or medical conditions affecting my son/daughter are correct, or that I have already notified the school of any changes.
- B  Please note the following change(s) to the above details, which is/are
- for the Work Experience only
  - permanent.

Signed..... Date.....

Print name.....Father/Mother/Legal Guardian

Return to Mrs Ann Darnell, Work Experience Administrator

**BEAUMONT SCHOOL WORK EXPERIENCE 8-12 JUNE 2009**

**MEDICAL/OTHER INFORMATION FOR EMPLOYER**

<b>Student's name</b>	<b>Form</b>
<b>Medical or other condition</b> Please give details of any medical or other condition of which the employer should be aware	
<b>Medication</b> Please give details of any regular medication being taken, or any medication carried by the student in case it is needed	
<b>Allergies</b> Please give details of any allergies (to medicines, food, or other allergens), and whether any medication is carried by the student in case of a reaction	
<b>Signed</b> ..... <b>Mother/Father/Guardian</b>	
<b>Print name</b> ..... <b>Date</b> .....	