

FAO Parents/Guardians of Year 10 students

3 January 2012

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 2 July 2012.

Could you please complete the two attached forms and return them to school by Thursday 12 January 2012. If you are coming to the Parents' Information Evening on 11 January please bring them then.

1. The first form, headed **YEAR 10 WORK EXPERIENCE WEEK 2-6 JULY 2012 EMERGENCY CONTACT/ MEDICAL DETAILS**, ensures 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. It also ensures that we have your consent to pass relevant information, including that covered by the second form (referred to below), to the employer and if necessary to HCS Careers Ltd who run the Work Experience programme and check that each placement is appropriate for Work Experience.

2. The second form, headed **BEAUMONT SCHOOL WORK EXPERIENCE 2-6 JULY 2012 - INFORMATION FOR EMPLOYER**, will be sent to your child's 'employer' prior to the week your child will spend with them. This is 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, learning or other condition that means there is a need to re-visit their risk assessments so they can ensure your child's safety and well-being whilst on the placement. It is important, therefore, that the form is accurate and complete. You should include ALL relevant information on this form, as it is the only written information about your child that will be passed to their employer. If any of this information changes prior to the Work Experience week please let the school know.

Please return both these forms to school by Thursday 12 January.

Nearer to the Work Experience week you will receive details of your child's actual placement – including tasks to be undertaken and Risk Assessment information - and a consent form in relation to this. This too will need to be signed and returned to school before your child's placement is finally confirmed with the employer. Please therefore return it without delay.

May I remind those of you who you are arranging a Private Placement to get the Private Placement Referral Request form completed and returned to school as soon as possible. You will have received a copy of this form with my letter dated 9 November 2011 but further copies are available on the school website (see below).

I hope this is clear but if you have any queries please contact me or Mrs Ann Darnell, the Work Experience Administrator, on the above number. If you need further copies of this letter, the Work Experience Information Booklet, or the Private Placement Referral Request form, you can download them from the school website <http://www.beaumontschool.com> on the 'Work Experience' page under the 'Curriculum' tab.

Yours sincerely

Mrs Yvonne Powdrell
Assistant Headteacher

**YEAR 10 WORK EXPERIENCE WEEK 2-6 JULY 2012
EMERGENCY CONTACT/ MEDICAL DETAILS**

EMERGENCY CONTACT/MEDICAL DETAILS.

Student's name.....Form.....

Please tick either box A or B.

- A I confirm that all details held by the school on the Year 7 "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.

I give consent for the attached medical and contact details, and any other information which the school deems necessary in order to protect my child's safety and well-being whilst on Work Experience to be passed to my child's Work Experience employer and, if necessary, to HCS Careers Ltd.

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

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

Return to Mrs Ann Darnell, Work Experience Administrator

**BEAUMONT SCHOOL WORK EXPERIENCE 2-6 JULY 2011
INFORMATION FOR EMPLOYER**

CONSENT

I give consent for(name) to take part in the Year 10 Work Experience Week 2-6 July 2011. 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 employer 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

<p>Medical or other condition Please give details of any medical or other condition of which the employer should be aware</p>							
<p>Medication Please give details of any regular medication being taken, or any medication carried by the student in case it is needed</p>							
<p>Allergies 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</p>							
<p>Doctor Doctor's name and address</p> <p>Doctor's phone number</p>							
<p>Emergency Contact during Work Experience</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Name</td> <td style="width:50%; border: none;">Phone number(s)</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table> <p>Relationship to student.....</p>		Name	Phone number(s)
Name	Phone number(s)						
.....						
.....						
<p>Signed Mother/Father/Guardian</p> <p>Print name..... Date.....</p>							