

Ref: JS/KHL

28 September 2016

Dear Parent/Carer

Year 10 Work Experience

The two-week Work Experience placement for Year 10 students will take place between Monday 3rd July – Friday 14th July 2017. This placement will give your daughter an invaluable opportunity to develop her personal and social skills and to gain insights into the world of work.

Please talk to your daughter about the sort of work placement that will interest her and encourage her to approach friends, family and businesses who might be able to offer a placement. Please be aware that local businesses fill their work experience places very quickly; your daughter should make enquiries as soon as possible. Please be aware that all travel expenses must be met by parents. Students who are entitled to free school meals will receive an allowance to help towards the cost of lunches during their placement.

Please find enclosed a placement form for completion and return by **21st December 2016**. It is essential that the form is returned promptly so that the necessary health and safety checks can be carried out.

Preparation for Work Experience will be covered during the spring term; we will contact you again in June to ask you to sign a consent form for your daughter's placement.

Students will return to school on Monday 17th July 2017 where they will be debriefed about work experience, be spoken to about the transition into year 11 and do some examination preparation.

The last day of term is Friday 21st July 2017.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Smith', written in a cursive style.

Mrs J Smith
Assistant Principal

“OWN FIND” PLACEMENT FORM

This form should be returned to the Student or School

******* THIS SECTION TO BE COMPLETED BY THE STUDENT *******

Name of Student:		_____	
Date of Birth:	_____	Gender:	Female
School:	Eltham Hill School		
Address:	Eltham Hill, Eltham SE9 5EE		
Telephone No:	020 8859 2843	_____	
		Course/Year Group 10	
Dates of Work Experience	From: _____	To: _____	
Name of Company: _____			
Type of Business: _____			
Company Address: _____			

Postcode: _____			
Is this also a residential address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company Contact: _____			
Position Held / Department: _____			
Telephone No: _____			
Email Address: _____			
Is your contact:	<input type="checkbox"/> A Relative	<input type="checkbox"/> Family Friend	<input type="checkbox"/> Neither
Brief Job Description for the student: _____			

******* THIS SECTION TO BE COMPLETED BY THE EMPLOYER *******

Is your Company already participating in Work Experience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Employees? _____			
Do you have Employer's Liability Insurance?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If "Yes", Please attach a copy of your Insurance Certificate			
We regret that only those Employers with Employers' Liability cover are eligible for inclusion in Greenwich Work Experience Programmes			
Subject to a visit by member of staff from the Work Experience Team (where necessary), please confirm that you have agreed this placement with the student by signing below.			
Signed: _____			
Print Name: _____		Date: _____	
(CAPITALS)			