**County Upper School Work Experience 20th JUNE - 24th JUNE 2022**

Dear Parent/Guardian

**WORK EXPERIENCE PLACEMENT NOTIFICATION**

Dates: **20th June to** **24t**h **June 2022**

Your son/daughter will soon be taking part in the school’s work experience programme.

In accordance with our responsibilities to placement providers, would you please identify on the reply slip below any health or other problems which employers should know about in order to make this a safe and rewarding experience. In particular could you please identify anything in his/her medical history that might make the proposed placement unsuitable. **Please note that this information may be made available to the employer.**

Particular care is taken to ensure that appropriate control measures are in place where there are any potentially significant hazards in the activities or environment of the placement. Should you have any queries regarding these risk assessments please contact the named responsible person at the placement.

The placement provider has been asked to confirm that his/her insurance covers students on work experience.

**Students should have the ‘Employer’s Agreement Form’ (confirming their placement) in school before the 25th April.**

**Students are expected to make contact with placement providers in order to arrange a preliminary interview before work experience begins and if at all possible outside of school hours or in the holidays.**

**During the period of the work experience placement we ask you to ensure that both the employer and school are informed as soon as possible if for any reason your son/daughter is unable to attend.**

**I would be grateful if, having read the above letter; you could return the Consent Form to school by Friday 18th March.**

**Work Experience Co-ordinator Date: February 2022**

NB: **Placement/s cannot proceed if this Consent Form is not signed and returned to school.** Please do not hesitate to contact cu.careers@countyupper.org should you have any queries or problems from now until the completion of work experience.

**(It is the student’s responsibility to source their own placements)**

**WORK EXPERIENCE PARENTAL CONSENT FORM**

**Medical History:**

Please give details of any condition which the employer should know about, eg asthma, deafness, colour-blindness, problems in lifting, restrictions on physical activity, epilepsy, fainting (please use a separate sheet of paper if needed).

Any other information required to give appropriate support:

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**