

**The Marches School**  
part of the Marches Academy Trust  
Morda Road, Oswestry  
Shropshire SY11 2AR

T. 01691 664400  
F. 01691 671515  
E. admin@marchesschool.net  
W. www.marchesschool.co.uk

**Headteacher:** Sarah Longville BA, MA, NPQH



Ref: JW

13<sup>th</sup> June 2016

Dear Parent/Carer

### **Advance Notification of Work Experience for Year 10 – Monday 3<sup>rd</sup> April to Friday 7<sup>th</sup> April 2017**

As part of the Year 10 curriculum, students participate in a Work Experience programme and are therefore out for one week from Monday 3<sup>rd</sup> April to Friday 7<sup>th</sup> April 2017.

We are just writing with advance notification as your child will be entering Year 10 as of September 2016 and we wanted to give you as much time as we could for you to help with the arrangements of your child's work experience.

Students are encouraged to find their own placements with an employer then pass on the company name, address and telephone number to me on the slip enclosed along with their signed consent form. All placements have to then be approved by Shropshire Education Business Links (EBL) for Employers Public Liability Insurance as well as Health and Safety issues.

Due to demand and the checking procedure, early contact with employers is recommended and students should have their placement arranged before the end of **December 2016**.

**Please could you kindly complete the following forms and return to Student Services:-**

**Parental Consent and Placement Confirmation Form** – This is required in order for your child to undertake work experience. You may wish to consider personal accident insurance to cover your child for accidents for which no-one can be shown or held negligent during Work Experience. Please write clearly the name of the contact and all contact details, this is very important for the Health & Safety checks to be carried out in time.

**Behaviour Contract Form** – Please read the terms and conditions contained within the contract sign and date the same and return with the parental consent.

**Placement Confirmation Slip** – Please complete once your child has found their placement.

### **Application and Interview Route**

Please note some roles within Oswestry will be advertised on a job board outside the Learning Resource Centre. There will be around 30 positions which your child will be able to apply for via a formal application, details of which will be on the Marches School website from **15<sup>th</sup> July 2016**, please visit [www.marchesschool/parentsandstudents/workexperience](http://www.marchesschool/parentsandstudents/workexperience)



These positions will be in the following areas:-

- Hospital
- IT
- Voluntary/Charity
- Animal Care and Medicine
- Fitness
- Art
- Legal Sector

All of these positions will be put up on a board outside the Learning Resource Centre from 15<sup>th</sup> July 2016 and all students within Year 10 will be able to apply for these roles and if successful will undertake an interview with the employer. This will give the students the experience of completing a formal application and also the experience of having a job interview. **Students will not be able to approach the employers above themselves and must complete an application form if interested in these jobs.**

**Please can students obtain an application form and information from Student Services if they wish to apply for these roles.**

If you have any questions or require further information please do not hesitate to contact me.

Yours faithfully

Mrs J White  
Work Experience Coordinator  
Business and Community Development Manager

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## **PARENTAL CONSENT & CONFIRMATION OF PLACEMENT**

**Please return once a placement has been found to: *Student Services, The Marches School clearly marked For the Attention of Mrs J White. To be completed and returned by Friday 23<sup>rd</sup> December 2016 at the very latest. Thank you.***

Name of Student: ..... Tutor Group: ..... House .....

I/We give permission for my son/daughter to take part in the Work Experience Placement Programme from

Signature of Parent/Carer ..... Print Name.....

Dated.....

Has your son/daughter a medical condition which should be taken into account when choosing a work experience placement? **YES/NO**

If **YES** please give details.....

### **Placement Confirmation – \*All Details To Be Completed Please**

\*Name of Employer .....

\*Contact Name at Work Place for EBL check .....

\*Employer Address .....

\*Employer Phone Number .....

\*Employer E-Mail Address .....

\*Employer Website Address .....

\*Name of Student Offered Placement: .....

\*Any special requirements e.g. uniform, safety equipment required to be worn **Y/N** .....

