

The Marches School
part of the Marches Academy Trust
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Headteacher: Sarah Longville BA, MA, NPQH

Ref: JW/an

October 2016

Dear Parent/Carer

Work Experience Reminder Letter - Deadline 5th January 2017

Just to remind you that your child needs to find a work experience placement by 5th January 2017 to enable us to carry out Health and Safety checks in time for work experience week.

If your child needs assistance with work experience, please ask them to see Mrs White on Friday at 1.20pm in the LRC.

Your child can also apply for the following job roles:

Various positions in RJAH Hospital
BT
Treflach Farm
The Qube
Microplus Computers
Nuffield Health
Chester Zoo
Gobowen Primary School – Please see Mrs White for help with this application
BAE Systems – Please see Mrs White for help with this application
Airbus – Please see Mrs White for help with this application
Jaguar Land Rover – Please see Mrs White for help with this application

Please ensure that the form attached is completed upon securing a placement.

If you would like to speak to us regarding work experience, please contact 01691 664407 or email white.j@marchesschool.net.

Thank you to those who have already secured a placement and returned their forms.

Yours faithfully



Jo White
Business and Community Development Manager

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 23rd 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**