

arh/jaw

14 October 2011

To Year 11 Parents

Dear Parents

Work Experience for Year 11 Pupils

The School values work experience as a means of broadening horizons, gaining insight into a possible career area and showing commitment in competitive areas such as medicine and veterinary sciences. For these reasons we expect all Year 11 pupils to complete a work experience placement as part of their preparation for the Sixth Form.

The COA report issued at the end of Year 10, and discussed with tutors, raised various career areas for your son or daughter to consider and the issue of work experience will have been explored in their interview with a senior teacher. It would be useful to start thinking now about what work experience would be appropriate.

When?

Any five days (consecutive if possible) between 1 July and 1 September 2012

Where?

Anywhere of interest to your son or daughter. Your friends or colleagues may be able to help or simply put the preferred career, job or profession plus location into Google and call or email. We at careers@pgs.org.uk have a database of contacts which may be of use as a last resort. Placements at our exchange school in Germany are also available.

Why?

As an introduction to the world of work and to try out possible later careers. The Headmaster also expects work experience to have been carried out before entry to the Sixth Form.

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What happens next?

I will visit all tutor groups in Year 11 with a booklet giving more details but arrangements made now will avoid difficulties next year during the busy build up to GCSEs. When you have made arrangements with an employer please complete and return the attached Parental Consent Form. The school is legally responsible for the safety of your son or daughter and we will contact the employer and ask them to complete a safety questionnaire. **In order to comply with our obligations we need to have full details of the placement no later than Friday 27 April.** No work experience placement should be carried out until we have confirmed to you that that we are happy with the employer's response to our questionnaire.

Can you help us?

Many of the contacts on our database offering work experience opportunities are current or former parents; if you are able to offer work experience opportunities to our pupils, we would be very pleased to hear from you: please email me at careers@pgs.org.uk.

If you have any queries about our Work Experience programme please contact me at careers@pgs.org.uk or telephone 02392 364261.

Yours sincerely

A R Hogg
Head of Careers

The Portsmouth Grammar School

High Street, Portsmouth, PO1 2LN

Tel: 023 9236 0036 Fax: 023 9236 4256 email: careers@pgs.org.uk



WORK EXPERIENCE - PARENTAL CONSENT FORM

The purpose of this consent form is to obtain information about your child's proposed work experience placement and your consent for your child to take part in the placement. It is also designed so that all information relating to his/her health and fitness can be assessed prior to the placement so that arrangements can be made to accommodate any special needs. Please complete the medical information section and consent declaration. **(Please continue answers on the last page if necessary).**

Pupil Name:

Pupil Home Address:

Details of Proposed Work Experience Placement

Name of Contact:

Name of Organisation:

Address of Organisation:

Purpose of Placement: Work Experience

Activities Included in Placement

Date of Placement:

Other Relevant Information:

Medical Information (please delete as appropriate)

Does your child:

Has your child had in the last 4 weeks: (please also inform us if your child is ill prior to the placement)

Have good eyesight:

Yes/No

An infectious disease?

Yes//No

Suffer from any allergy to medication

Yes/No

Contact with anyone with an infectious disease?

Yes/No

Have good hearing:

Yes/No

Diarrhoea or vomiting?

Yes/No

Has your child had a tetanus injection in the last 5 years: Yes/No

Has your child had any recent physical injury? Yes/No (If yes, please give details)

Is your child currently under treatment for any condition? Yes/No (If yes, please give)

Does your child have any special dietary requirements? Yes/No (If yes, please give details)

Does your child suffer from colour blindness? Yes/No

Does he/she suffer from vertigo/fear of heights? Yes/No

Does your child have any special needs? Yes/No (If yes, please give details)

Details of Proposed Work Activities and Equipment Needed

Work Activities	Equipment Needed	Provided by School or Employer	To be provided by parent/guardian

Special Clothing Needed

General clothing to be brought by pupil	Provided by School or employer	To be provided by parent/guardian

Pupil Conduct

Pupils are expected to behave in a responsible manner at all times during the work experience placement. They must take direction from the supervisor in charge and follow all instructions or guidelines given by the employer.

When instructed they must wear any clothing or protective equipment issued to them by employers staff and not interfere with any of this clothing/equipment. Pupils must not engage in any horseplay or practical jokes whilst on the placement as this may affect not only their own safety but that of the employers staff.

They must follow all local rules, such as the employer safety rules, during the period of the placement.

Pupils should remember that they represent the school at all times.

Consent Declaration

Pupil Name:

Date of Birth:

Tutor:

Proposed Placement:

I, the undersigned, being the parent/legal guardian of the above mentioned pupil give consent for him/her to attend the above work experience placement.

I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by the medical authority present. I have informed the school of all medical conditions or treatments which he/she suffers from or requires to maintain their health.

Give details of any of the activities listed on page one of this form which your son or daughter should not take part in.

I, or a person authorised to act on my behalf, may be contacted in an emergency by telephoning the following number(s):

Name: (if not parent/guardian)

Home:

Work:

If not available at these numbers please contact:

Name:

Address:

Tel:

Our Family Doctor is:

Name:

Address:

Tel:

Signed:

Print Name:

Date:

Please continue on this page

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