



# Work Experience

## All you need to know

We would like you to take part in Work Experience in the week of the **1st to the 5th July 2019**. Finding your work experience placement is your responsibility, although help is available in school if you need it. However, we cannot obtain a placement for you. There is a strict timetable for organising the placement that will have to be adhered to. This involves the school, the employer and other outside agencies. It is anticipated that all year 10 students will complete a work experience placement.

So please start to work on this now!

Think about the type of Work Experience that you would like to apply for.

- Think about the employers that may be able to offer you a placement.
- Consider whether you are prepared to travel for your placement
- Use [www.yell.com](http://www.yell.com) or Google to help you find local companies to write to.
- Speak to parents, teachers, other family members, they have lots of experience and may have contacts and ideas that they can share with you.
- This is your Work Experience – do not choose something because your friends are doing it – do it because you want to do it!
- Most businesses only offer placements to one student at a time.
- It is up to you to find a placement. We can help you if you are stuck for ideas. In the immediate future you can find Mr Peggs who will be able to offer you guidance.
- Do not limit your choices to only one profession. Be prepared to try something new.
- Please give the school address as your contact address.
- Do not leave it to the last minute! Ask for help sooner rather than later—see the deadlines in this booklet.

**WRITE NOW!** In order to get the placement of your choice, you need to write to employers now. You will find a sample letter below and a copy on your network space

**Adapt the grey text to apply to you.**

Your name  
Isca  
Earl Richards Road South  
Exeter EX2 6AP

The Employers Name  
Full Address  
Postcode

Date

Dear (put the name if you know it or Sir/Madam if you do not)

**Work Experience 1<sup>st</sup> to 5th July 2019**

I would like to enquire about the possibility of a work experience placement with your company during the above dates.

I am a student at Isca Academy. I am currently studying GCSEs in English, Maths, Science, IT, History, PE, Geography and Art. I also attend Exeter College for half a day each week to study ..... When I leave school I hope to attend Exeter College full-time.

I would like to work (at your company/in your shop/in your school) because ..... (make it sound how interested you are).

I have ..... (list any experience that you may have e.g. had a paper round for a year, babysit for friends/family, have a part-time job in a local shop.....)

I am .....(list some of your personal skills and qualities e.g. friendly, reliable, hardworking, enjoy meeting people etc.).

If you can help me with a placement, please complete the enclosed form and return it to Mrs Croft Work Experience Co-ordinator, at the above address.

Thank you for taking the time to read my letter and I look forward to hearing from you.

Yours faithfully (if you put Dear Sir/Madam)

Or

Yours sincerely (for Mr. / Mrs. /Ms.)

DON'T FORGET TO SIGN THE LETTER!

**ASK YOUR TUTOR TO CHECK YOUR LETTER FOR MISTAKES BEFORE SENDING IT!**

**Print your name**

## Other important information

### How will I know if I have a placement?

Employers will let the school know if they can/cannot offer you a placement and your tutor will notify you.

### Placement through a personal contact.

If you have arranged the placement through a personal contact, the same paperwork needs to be completed so that Health & Safety checks can be carried out.

### Very Important!

Any business taking a student for Work Experience must have Employer and Public Liability Insurance. CSW will check this.

### Attached forms

On the back of this booklet is an agreement form that must be returned to Mrs Croft at Isca Academy **ASAP** if you want to do Work Experience. Without it, we cannot proceed with processing your work placement, even if you have a firm offer. Inside this booklet are four forms for you to cut out. ONE MUST be sent with EACH letter and they are to be completed by the employer if they can offer you a placement. You may photocopy them if you need more.

### Time schedule. Copy this into mobile device calendar.

Researched companies and at least three letters written, checked by your PSHE teacher <b>and posted</b> by you to the employer	by 18/11/2018
No response? Phone them—it will not hurt to look keen.	by 14/12/2018
Rejection? Send at least three more letters! (and keep repeating if necessary)	by 03/02/2019
Absolute deadline for confirmation by employers to the school.	by 03/03/2019

<b>Name of Student:</b>	<b>Tutor Group:</b>	<b>D.O.B.</b>
Student details: To be completed in full by Parent/Carer		
<b>EITHER</b>		
<input type="checkbox"/> Restrictions from normal physical activities. <input type="checkbox"/> Hearing problems or ear discharge <input type="checkbox"/> Skin allergies, eczema, other allergies (e.g. nuts) <input type="checkbox"/> Learning disability that may cause your child not to understand instructions <input type="checkbox"/> Fits or fainting attacks <input type="checkbox"/> Significant colour defect or other visual problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Any other health problems (including the need for regular medication) <input type="checkbox"/> Bronchitis, asthma, chest complaints <input type="checkbox"/> Heart disease that affects their ability to do physical tasks.		
<b>OR</b>		
<input type="checkbox"/> My son/daughter is not affected by any of the above and there are no other health considerations.		
<b>PLEASE TICK ONE OF THE FOLLOWING</b>		
<input type="checkbox"/> I confirm that my son's/daughter's Tetanus Vaccinations are up to date. <input type="checkbox"/> I confirm that my son's/daughter's Tetanus Vaccinations will be up to date		
<b>Doctor's Name:</b>	<b>Tel No:</b>	<b>Surgery Address:</b>
<b>Additional medical information:</b> Please use this box to provide additional information on medical conditions indicated above and any medication currently prescribed (please use a separate sheet if required).		
<b>Name of Emergency Contact:</b> (parent/carer)	<b>Emergency Contact Numbers:</b>	
<b>Parental Agreement to Placement</b>		
<ul style="list-style-type: none"> <li>• I am willing for my son/daughter to participate in Work Experience from 1st to 5<sup>th</sup> July 2019.</li> <li>• I understand that there is no question of payment for Work Experience.</li> <li>• I also understand that if my son's/daughter's placement is outside of Devon, an administration fee may be incurred to which I will be asked to contribute.</li> </ul>		
<b>Parent/Carer Signature:</b>	<b>Date:</b>	