



Mary Webb School & Science College, Pontesbury, Shrewsbury, Shropshire SY5 0TG

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Dear Parent/Carer

Work Experience

A period of Work Experience is being organised for every student in Year 10 from 2nd July to 6th July 2018. This is designed to give students a greater understanding of the working environment and to show them the opportunities that are available outside of school.

Please find below the initial procedures which we have organised to ensure that the programme runs smoothly for all concerned and adheres to health and safety requirements.

- An introductory talk will take place in school and students are welcome to seek advice from myself or Mr Jervis, Key Stage 4 Leader, at any time.
- Students are free to choose their own placement following the guidance they have received in school. Please note that at some placements students may be unsupervised at lunchtimes or be allowed to leave the premises.
- Placements are filled very quickly and it is vital that paperwork is completed and returned promptly to avoid disappointment.
- Work Experience placements will be assessed for health and safety suitability by Shropshire Education Business Partnership who require two to three months' notice to carry out appropriate checks. Students will not be placed with a provider who has not been approved in this way.
- As one of the aims of Work Experience is to widen students' horizons, it is preferable that a student does not go on a Work Experience placement with members of the immediate family or return to their old primary school.
- Parents/carers are expected to inform the school of any medical conditions which may affect their child's suitability for a Work Experience placement.

I would be grateful if you could complete the attached form and return it to school by return. Should you have any queries, please do not hesitate to contact me.

Yours sincerely

Mrs C Parkinson
Administration Assistant



MARY WEBB SCHOOL & SCIENCE COLLEGE
Work Experience 2nd July to 6th July 2018

Name of Student: _____ Form: _____

Address: _____

Emergency Contact No: _____

I hereby give consent for my son/daughter, who is a student at Mary Webb School & Science College, to take part in Work Experience.

Specific health problems or medical conditions, which an employer should be made aware of:

This information may, for the safety of your child, be discussed with an employer providing a placement.

Name of Parent/Carer: _____ Signed: _____

Parent/Carer

Date: _____

**Please return this form to the Admin Office for the attention of
Mrs N Murray, PA to Head Teacher / Office Manager by Friday 6th October 2017.**