



West Kirby
Grammar School

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REF: Mr/Jp/2017/Yr12/1

December 2017

Dear Parent/Guardian

Y12 Work Experience 2nd – 6th July 2018

Work Experience in the Sixth Form is now a compulsory week and will be carried out by all Lower Sixth pupils, from 2nd – 6th July 2018.

It is an **essential** prerequisite for any successful application, providing a valuable experience for all pupils. It can support candidates in their University/apprenticeship/internship and career applications. The week enables the student to broaden their experience, enhance communication skills and gain an important insight into a chosen career area.

Courses where work experience is essential include:

Architecture	Medicine	Social Work
Dentistry	Nursing/Midwifery	Speech Therapy
Engineering	Occupational Therapy	Teaching
Law	Physiotherapy	Veterinary Science
Finance/Accounting		

Pupils are requested to find their own placements. However, we do have a small number of contacts which can be provided, should there be a difficulty in arranging your own placement. These will be administered strictly on a first-come-first-served basis.

All forms must be returned by Friday 9th March 2018.

If you have any concerns or wish to discuss these arrangements please do not hesitate to contact me.

Yours sincerely

Mrs M Roberts
Head of Economics and Work Experience Co-ordinator

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WORK EXPERIENCE PLACEMENT FORM
2nd – 6th July 2018

PLEASE FULLY COMPLETE AND RETURN BY FRIDAY 9th March 2018

TO BE COMPLETED BY STUDENT

Name of Student: Form:

I agree to take part in this work experience scheme. I also agree to hold in confidence any information about the employers business which I may obtain during this work period and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representatives or by displayed instructions.

Signed: Date:

TO BE COMPLETED BY PARENT

As parent/guardian of the student named above I confirm that I have read and understood this form and the other accompanying documents and agree to him/her taking part in this scheme and undertake that he/she will observe the conditions set out.

In the interests of my child I confirm that:

- *i. He/She does not suffer from any medical condition which could result in an unnecessary risk to her health or safety or to the health or safety of another person. (Should you be in any doubt, please consult the teacher responsible before signing this form).
- *ii. He/She does suffer from the following medical condition which should be advised to the employer.
* Please delete as appropriate

If you have agreed with statement (ii) above could you please give brief details below:

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Name:

Signed: Date:

Work Experience: 2nd – 6th July 2018

TO BE COMPLETED BY EMPLOYER

Name of Employing Company:

Address:

..... Post Code: Tel. No:

Name of contact: Mr/Mrs/Miss/Dr/Other:

Position:

E-mail address:

Type of placement:

Please give brief details of the work to be undertaken:

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Working Days From: To:

Working Hours From: To:

Lunch Times From: To:

The company currently holds Employers and Public Liability Insurance

Insurance Company:

Policy Number: Valid Until:

ON BEHALF OF THE ABOVE COMPANY, I AGREE TO OFFER A WORK EXPERIENCE
PLACEMENT TO THE NAMED STUDENT.

Name: Position:

Signed: Date: