

October 2017

Headteacher: Mr S Woods

Upper Shirley High School  
Bellemoor Road  
Shirley  
Southampton  
SO15 7QU

Dear Yr 9 Parent

As part of the careers education programme and to help with the transition process from Year 9 to Year 10 we are planning a 'Go To Work With An Adult Day' (parent, family member or friend) on Thursday, 7<sup>th</sup> December. The aim of the day is to raise awareness of the world of work. This opportunity will allow your son/daughter to gain valuable first-hand experience of the workplace, an important element of the careers programme which we are unable to offer in school.

We hope that you will be able to take your son/daughter to work or arrange for him/her to go to work with a family member/friend. You should be aware that if you are able to provide a work-shadowing opportunity for your son/daughter you will be responsible for the arrangements and the health, safety and welfare of your son/daughter during the day. To ensure that your son/daughter is covered by insurance all employers must supply school with employer or public liability license details. A form is included with this letter. **Please complete and return the form to me by Friday 17th November.**

A follow-up activity within school will be organised to ensure that all experiences are shared and contribute to the careers education programme.

Please complete the slip below and return to me as soon as possible.

Yours sincerely

Carey Anderson

Carey Anderson  
Careers Adviser/Work Experience Co-ordinator

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WORK SHADOWING/CAN 2017  
REPLY SLIP

It is possible for my son/daughter..... ..Tutor Group.....  
to take part in the work-shadowing activity. I will return the Work Shadowing Parent/Employer  
Permission form by Friday, 17th November.

Signed..... Date.....

WORK SHADOWING

PARENT/EMPLOYER PERMISSION FORM

Please complete this form to allow the young person named below to take part in a work-shadowing experience on Thursday, 7<sup>th</sup> December. Our aim is for the student to experience a full day at work, shadowing a parent (family member or friend). The student will be expected to complete a log of the main activities undertaken by the adult and gather other information about the work of the company to share with pupils when back in school.

Name of Student _____	Tutor Group _____
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Parental Details

Name of Parent \_\_\_\_\_ (Please print)

Signature \_\_\_\_\_

Employer Details

Employer \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Contact Number \_\_\_\_\_

Employer Liability Certificate Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Public Liability Certificate Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Thank you for giving your permission for his valuable experience to take place

Relationship of supervising adult to student \_\_\_\_\_

Name of supervising adult \_\_\_\_\_

Signature \_\_\_\_\_

Type of work the student will be observing

Times of work: Start \_\_\_\_\_ Finish \_\_\_\_\_ Lunchtime \_\_\_\_\_