

Headteacher: NJ Willis

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SLS/MJA//November 2015

Dear Parents

Re: Year 10 Work Experience 11th – 15th April 2016

In April your son/daughter will be undertaking one week's work experience, dates as above.

We would like to invite you to our **Work Experience Information Evening on Tuesday 15th December 2015**. This evening will explain the process and how you can become involved in where your child will be placed. The meeting will be held in the school hall from 6.30 pm, we anticipate it lasting no longer than 1 hour including questions. We would encourage as many of you to attend as possible as we will be explaining the process from both the school and the parents' perspective. To confirm your attendance please complete the slip below.

If you are able to find a placement for your son/daughter, please provide details on the form attached and return to the school office or email to workexperience@wallingfordschool.com as the companies will need to be checked and registered. It is vital that all the details are supplied. It is also important to make companies aware of how old your child is, as some organisations will only take students aged 16 and over. Please note that the school cannot cover transport costs when your son/daughter is on Work Experience.

It is important to recognise that the main purpose of this scheme is to give pupils a realistic experience of the world of work. It will not always be possible to find placements in types of work that particularly interest the pupils or they may chose for a career, however we will endeavour to place them in a suitable workplace. This is where finding a suitable placement yourself often works well. The one drawback is that an out of county placement does incur a charge for the placement to be checked (not imposed by the school) and this can vary from county to county.

I look forward to seeing you at the information evening.

Yours sincerely	
Seeso- Mr Leeds Deputy Head	
To: Mrs Atkins Work Experience	Evening – Tuesday 15 th December 2015
I will/will not be attending the above evening (p	elease delete as applicable)
Student name	Form
Signed	Parent/Guardian

Year 10 Work Experience 11th – 15th April 2016

Students name	Form
Name of Placement	
Address	
Tele no Fax	
E-mail address	
Contact name	
Type of work	

When this is completed please ensure that you have actually made contact with the company and they have agreed to take you – this is for a placement that you have agreed NOT where you would like to go.

PLEASE RETURN TO SCHOOL OFFICE