

Our Ref: CMH/LDE

8<sup>th</sup> November 2017



Dear Parent/Carer

**Letter explaining Work Experience – Monday 16<sup>th</sup> July to Friday 20<sup>th</sup> July 2018**

During Year 10 the students at Q3 Academy have an opportunity of experiencing a week of work experience from 16<sup>th</sup> – 20<sup>th</sup> July 2018. The Academy can assist students in finding placements, but many students in the past have found suitable placements for themselves, and have therefore found the week and the experience more beneficial.

Many of our students over the years have discovered that their week's work experience has helped them in understanding how many of the aspects of the world of work function. Students can use their work experience employer and contact as a reference when applying for future jobs, employment training or higher education opportunities.

All placement opportunities have to be Health and Safety checked by Sandwell Educational Business Partnership and must satisfy their criteria. It is a requirement of every employer that they have appropriate employer's liability insurance to enable students to attend and this needs to be confirmed when you are making enquiries. Therefore, please complete the enclosed letter detailing the employer's name, contact details and type of work involved.

Q3 Academy reserves the right of not allowing students to take part in this programme if their behaviour or attendance in the Academy is unreasonable.

We very much hope that you will encourage your child to participate in this venture and I would ask you to complete the permission section and return this, together with the letter to employer, to the Sixth Form office or room 216 by **12<sup>th</sup> January 2018**.

Yours sincerely

A handwritten signature in black ink that reads 'C. Meredith'.

**Mrs C Meredith**  
**Careers & Aspirations Ambassador**

Chief Executive: Dr Caroline J S Badyal, EdD, MA BE.d, DipEd, NPQH | Head of School: Mr Mark Arnall BA Hons, MA, NPQH

Q3 Academy Great Barr | Wilderness Lane | Great Barr | Birmingham | B43 7SD | t: 0121 358 6186  
e: enquiries@q3academy.org.uk | w: www.q3academy.org.uk

Q3 - Quaerere | 'Seek that which is good, that which is right, that which is true'



**The Grace**  
**Charitable Trust**

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MEMBER

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Chamber of  
Commerce  
Black Country Chamber





# SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

## Data Protection Act, 1998

The information that you supply on this form will be used by the Local Authority for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Local Authority Service Areas.

School/Group:	<input type="text" value="Q3 Academy"/>
Visit to:	<input type="text" value="Work Experience"/>
Date and times:	<input type="text" value="Monday 16&lt;sup&gt;th&lt;/sup&gt; July to Friday 20&lt;sup&gt;th&lt;/sup&gt; July 2018"/>
I consent to:	<input type="text"/> (full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund.

*(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes periods of remote supervision or travel in a private vehicle, parents should be asked for their permission for this)*

### Medical information about your son/daughter:

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes  No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks? Yes  No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin Yes  No

If yes please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about? Yes  No

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes  No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

**I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.**

### Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

### Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

This form should be taken on the visit by the Visit Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File.

IL2: PROTECT (When complete)

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8<sup>th</sup> November 2017



**Q3**  
**ACADEMY**  
**GREAT BARR**

**Letter to Employer**

Dear Employer

If you have received this letter you will have been approached by a parent/carer of one of our Year 10 students to support with organising their child's work experience placement.

I would like to know if you could offer any work experience placements to our Year 10 students, for the week beginning **16<sup>th</sup> to 20<sup>th</sup> July 2018**. If this is possible, as the Careers & Aspirations Ambassador, I would be most grateful.

I can understand the problems that many places of work are facing in the current economic climate, but if you could provide some valuable experience of the world of work to our students, it would be most appreciated.

If you are able to help us, could you supply me with some information by completing the details below and returning this form to the student or parent/carer, or email me at [cmeredith@q3academy.org.uk](mailto:cmeredith@q3academy.org.uk) with the same details.

All placements require Health and Safety checks conducted by Sandwell Educational Business Partnership in order to ensure that employers have the appropriate public liability and employer's liability insurance.

Thank you for taking some of your time to help us and I hope to visit you in July 2018.

Name of firm/business .....

Address .....

Tel No ..... Email .....

Contact Name(s) .....

Name of Student .....

Type of work involved .....

Thanking you in anticipation.

**Mrs C Meredith**  
**Careers & Aspirations Ambassador**

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