





Potteries Educational Trust Head Office City of Stoke on Trent Sixth Form College Leek Road Stoke on Trent Educational Staffordshire ST4 2RU Chief Executive Officer: Mark Kent

**Conway Road Knypersley** Stoke-on-Trent Staffordshire **ST8 7AR** Headteacher: Tel: 01782 523977 Fax: 01782 521820 Email: office@biddulphhigh.co.uk Website: www.biddulphhigh.co.uk

# Mrs E C Robinson BA (Hons)

April 2022

### FOR THE ATTENTION OF THE PERSON WITH PARENTAL RESPONSIBILITY

### Re: Work Experience Week Commencing 5 December until 14 December 2022

Following a period of being unable to have Year 10 Work Experience due to the pandemic, we are looking to resume this opportunity for Year 10 students, allowing us to return to school life with as much normality as possible. We are still unsure of what the upcoming months will hold, we will ensure to keep you updated with any developments that could possibly have an impact on Work Experience. We ask that when you contact potential companies you enquire about the Covid-19 protocol in the workplace and ensure this information is attained in the questionnaire.

All Year 10 students will be taking part in Work Experience for one week, with the option to extend this to an extra 3 days the following week, between 5 December 2022 until 14 December 2022. Please find enclosed a copy of the Company Information Questionnaire. It is essential that this is completed and signed by the employer and returned to school via email or post. Please also find enclosed a copy of our support guides, this is also available on the school website. It is your child's responsibility to ensure all necessary paperwork is returned to school. We will need to provide the employer with your emergency contact telephone number. Please complete the information on the reply slip below and return it to school as soon as possible.

Please do not hesitate to contact me should you require any further information.

Yours faithfully

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Ms K Goodwin Enterprise and Employability Leader

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I confirm that I have parental responsibility

### Student's Name:

Form Group:

Date:

Signed:

Please Print Name:

**Emergency Contact Telephone Number:** 

## Health and well-being:

Please advise in the box below any medical, educational or social conditions/issues that may affect a work experience placement e.g. allergies, asthma, epilepsy, diabetes, dyslexia, dietary needs.











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