**TAKE YOUR TEENAGER TO WORK CONTACT FORM**

**CY CONTACT FORM**

 ***This form MUST be returned by Friday 19th April 2024***

The following child ……………………..…….………………. in ……..……

 **(Name of child) (Tutor Group)**

will be going to work with parent/carer/family friend to the employer below on

**Monday 15th July, Tuesday 16th July, Wednesday 17th July, Thursday 18th July 2024**

**DETAILS OF WORK EXPERIENCE PLACE OF WORK**

NAME OF ORGANISATION: ……………………………………………..

ADDRESS: ………………………………………………………

 ………………………………………………………

 ………………………………………………………

POSTCODE: ………………………………………………………

TELEPHONE: ………………………………………………………

MOBILE (if appropriate): …………………………………………………..

E MAIL: ……….…………………………………………..…

WHO THEY ARE GOING WITH: …….……………………………………

RELATIONSHIP:…………………………………………………………….

POSITION/JOB TITLE: ……..………………………………………………

NAME OF EMPLOYER CONTACT:………………………………………..

**TERMS & CONDITIONS**

* The child will travel to and from work with parent/carer/family friend
* The child will be covered by the insurance of the organisation
* The child will be covered by ‘Health & Safety’ regulations of the organisation

**I agree to the above terms and conditions.**

Signed (parent/carer): …………………………………………. Date: ……………………

Print Name: ……………………………………………………..

*If not taking part, please see overleaf.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tutor group: \_\_\_\_\_\_\_\_\_\_

**Please indicate below the reasons for your child not participating in this day.**

My son/daughter cannot take part in the Year 10 Work Experience because:

I do not know anyone with whom my child could work

Other – please give details below.

 …………………………………………………………………………………

 ………………………………………………………………………………...

 …………………………………………………………………………………

 ***This form MUST be returned by date Friday 21st April 2024***