2nd January 2024

Dear Year 9 Parent/ Carer

We are planning a ‘Go To Work With An Adult Day’ on **Tuesday 6th February 2024**. The day involves students shadowing a parent, family member or friend at work. This opportunity will allow your child to gain a valuable insight into the world of work, 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 child to work or arrange for him/her to shadow a family member or friend. Please be aware that if you are able to provide a work-shadowing opportunity for your child, you will be responsible for the arrangements and the health, safety and welfare of your child during the day.

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

Should you have any questions, please do not hesitate to contact me or my colleague:

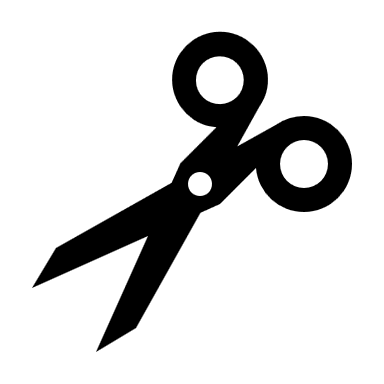
[Carey.Anderson@ushschool.org](mailto:Carey.Anderson@ushschool.org) or [Rachel.Mays@Ushschool.org](mailto:Rachel.Mays@Ushschool.org)

Please complete the slip below as soon as possible **and return the attached Permission form by Friday 2nd February.**

Yours sincerely

Carey Anderson

Careers Adviser/Work Experience Co-ordinator

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**Go To Work With An Adult Day 2024 Reply Slip**

(Name) ………………………………………………………………………………………………...…Tutor Group…………………………………

Will be participating in the work-shadowing activity. I will return the Work Shadowing Permission form by Friday 2nd February.

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 **Tuesday 6th February 2024**. Our aim is for the student to experience a full day at work, shadowing a parent, carer, 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.

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| Name of Student Tutor Group |

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| Parental Details  Name of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Employer Details  Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thank you for giving your permission for this valuable experience to take place |

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| Relationship of supervising adult to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of supervising adult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Type of work the student will be observing  Times of work: Start Finish Lunchtime |