



Year 7 Away to Work Programme

Friday 24th May 2019



CONTACT DETAILS

NAME OF STUDENT: _____

FORM: _____

FORM TUTOR: _____

This is to confirm that I have secured a position which will enable my son to take part in the Year 7 Away to Work Programme on Friday 24th May 2019.

The contact details are as follows:

Name of Organisation: _____

Address of Organisation: _____

Description of Business Activity: _____

Name of Contact at Organisation: _____

Relationship to student: _____

Telephone Number: _____

Email Address: _____

I understand and accept that when my son, _____, takes part in the Away to Work programme on Friday 24th May 2019, the school will not provide separate health and safety cover and I take responsibility for his health and safety while he is there.

Signed: _____ Date: _____

To be returned to 'Parental Returns' box FAO Mrs M Duffy by Tuesday 23rd April 2019.