January 2024

**SG/SW/Sixth Form**

Dear Parent/Carer

**Year 12 Work Shadowing**

This morning year 12 had an assembly about work experience which contained vital information about the work shadowing week in June. If you would like to see the information given to them please view the assembly here: <https://youtu.be/M8mYt0eJy7U>. As part of the Sixth Form enrichment programme, Year 12 students are expected to source and arrange their own work shadowing placements to take place during the week commencing 3rd June.

This is a compulsory part of the curriculum. Universities and apprenticeship providers will expect to see evidence of work shadowing in a student’s application and reference. We strongly recommend the students work to secure a placement relevant to their chosen career as soon as possible.

Work shadowing is different to work experience as this is a chance to actually ‘test run’ the career a student may wish to do and to show a passion for this chosen area to future course providers and employers.

We attach a form that needs to be completed by the provider and returned giving details of the placement. We need to ensure that each work shadowing placement is covered by Employer Liability Insurance and Public Liability Insurance.

We will send details out this week of employers who have previously accepted Finham Park students on placements to give a starting point.

Forms need to be returned to school before work experience can commence.

Yours Faithfully

Ms S Green

Assistant Headteacher – Head of Sixth Form

Email: s.green@finhampark.co.uk

**WORK SHADOWING DETAILS FORM**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Mentor Group** |  |

**PLACEMENT DETAILS**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Address** |  |
| **Staff Contact at Company and Position** |  |
| **Telephone** |  |
| **Email address** |  |
| **Type of Work Shadowing offered** |  |

**INSURANCE DETAILS – without these details a placement cannot take place**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Insurance Company** | **Expiry Date** | **Policy Number** |
| **Employer Liability Insurance** |  |  |  |
| **Public Liability Insurance** |  |  |  |

|  |  |
| --- | --- |
| **Signature of Staff Contact** | **Date** |
|  |  |