**ST BERNARD’S HIGH SCHOOL**

**WORK SHADOWING AGREEMENT**

Please return to Mrs L Phillips (lph@stbernards.southend.sch.uk) by Monday 13th May.

* Your daughter will spend one day on a work shadowing placement with an appropriate employer.  Each placement will have specific Health and Safety guidelines which **MUST** be followed.
* Your daughter will be expected to participate in a **full working day** [**typically 9.00 – 5.00].**
* Your daughter will be expected to always behave responsibly.
* The type of shadowing that she will be doing will have been outlined to her by the employer. Please note no payment may be made
* Your daughter **MUST** attend her placement every day. If she is ill or unable to attend you **MUST** contact the school, **and** the employer before 9.00am.
* Your daughter must complete a worksheet to reflect on the day, which will be provided by the school in advance of the placement.
* You must complete and return all required paperwork to the careers Coordinator, Mrs L Phillips, by the allotted times otherwise your daughter/son will not be able to participate on the programme.

**St Bernard’s High School**

* Will monitor/visit your daughter/son whilst she/he is on placement.

**Name: L Phillips** [Careers Co-ordinator] **Signature:** ......................................................

**Parent**

* Having received the information regarding the work shadowing day I would like my daughter to participate.
* I understand that my daughter will spend one day on placement with an appropriate employer.
* I will ensure that my daughter attends her placement on Monday 15th July and will notify both the school, **and** the employer if she/he is ill or unable to attend before 9.00am.

**Name:** ...................................................... **Signature:** ......................................................

**Date:** ......................................................

**Student**

Having received the information regarding extended work experience, I agree to:

* Attend my work shadowing placement on Monday 15th July.
* Inform the School **and** my employer if I am ill or unable to attend before 9.00am.

**Name:** ...................................................... **Form**: ......................................................

**Signature:** ................................................ **Date:** ........................................................