

### **Application for Approval of Work Experience During School Term:**

(Use this form if you would like to complete work experience but are unable to do so during the school holidays)

The decision whether or not to approve will take into consideration the following;

- any academic concerns for the student;
- the value of the proposed work experience with consideration of the students' current career goals;
- suitability of the timing of the work experience with regards to school work due/exams/school activities.

Students will be advised via email of the outcome.

**NB: If approval is given, students must complete the work experience arrangement form/travel and accommodation form and the relevant safe@work modules and submit them to Ms Abby Monk at the College for approval PRIOR to attending work experience.**

|                                                                                  |       |
|----------------------------------------------------------------------------------|-------|
| Name of Student:                                                                 | PG:   |
| Proposed Employer:                                                               |       |
| Proposed Dates:                                                                  |       |
| I would like to complete the work experience with this employer because:         |       |
|                                                                                  |       |
|                                                                                  |       |
|                                                                                  |       |
| I am unable to complete this work experience during the school holidays because: |       |
|                                                                                  |       |
|                                                                                  |       |
|                                                                                  |       |
| Student Signature:                                                               | Date: |
| Parent Signature:                                                                | Date: |

|                                                                                     |       |
|-------------------------------------------------------------------------------------|-------|
| Head of House (HOH) Comments:                                                       |       |
|                                                                                     |       |
|                                                                                     |       |
|                                                                                     |       |
| Recommendation to Proceed: <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| HOH Signature:                                                                      | Date: |

***Please return the completed form to the Workplace Learning and Administration Officer Ms Abby Monk. The confirmed outcome will be emailed to the Head of House, Pastoral Group Leader, I & E Teacher and the student.***