



**YEAR 10
TAKE YOUR CHILD TO WORK DAY
TUESDAY 10TH JULY 2018**

Student Name: **Form:**

SECTION: EMPLOYERS DETAILS

Employer/Organisation Name	
Employer's Address	
Contact in Company	
Contact if not the parent and their relationship to student	
Contact's Position	
Contact's E-mail Address	
Contact's Telephone Number	
Main Business of Company/Organisation	

SECTION 2: WORK SHADOWING DETAILS

Brief description of the work/activities that your son/daughter will be observing	
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SECTION 3: PARENT/CARER SIGNATURE

I confirm that my son/daughter will be participating in the Year 10 "Take Your Child to Work Day" with the above-named employer:

I will not be able to organise a day at work for my son/daughter, he/she will attend school as usual and I will allow him/her to participate in alternative activities.

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

Date:.....

**Please complete and return to Form Tutors by
Wednesday 9th May 2018**