October 2017

Dear Parent

**Visit to PWC – Year 12**

We are delighted to advise you that your son/daughter has the opportunity to attend at workplace visit to PwC on Monday 20th November, located at The Atrium, 1 Harefield Road, Uxbridge UB8 1EX.

The visit will equip the students with the knowledge, skill and confidence to access careers with top employers. They will meet employees from PwC, learn about the market and options after school, and develop crucial transferrable skills through interactive, immersive sessions. This is a unique opportunity to visit an exciting business and gain insight into the world of work. They will also have an opportunity to apply for work experience at PwC.

Students must meet Mrs Le-Gall at the venue at 10.30am. Students will be fully briefed and provided with contact details of staff, should they need them in case of emergency. Students will be required to wear smart business clothing, including shoes (no trainers or jeans allowed). Lunch will be provided by the venue. The visit will finish at 3pm and students must inform Mrs Le-Gall before leaving to make their own way home unsupervised.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

By consenting to this visit, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO PWC**

Please return to Mrs Le-Gall by Friday 10th November 2017

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| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.