June 2017

Dear Parent

**Visit to the London Institute of Banking and Finance – Year 12**

I am writing to inform you about a school visit to The London Institute of Banking and Financeon Friday 7th July 2017. The aim of the visit is to attend a careers conference.

This conference is the chance for students to find out about what a job in banking and financial services is like and help them decide whether it’s right for them. UK-based banks, financial services organisations and related professional services employ over 2.2 million people in the UK, around 7% of the working population. Banking is a popular career choice for young people and with the introduction of financial services apprenticeships and various school leaver schemes, careers in banking are becoming increasing accessible to young people.

Students will meet Miss Kundi at Uxbridge Station at 8.30am on Friday 7th July and travel by tube to and from the venue. Please note that students will be dismissed at 3.30pm and will make their own way home unsupervised. Students will be required to wear smart business dress, including shoes (no trainers or jeans allowed). Lunch and refreshments will be available at the venue.

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 on to this trip, 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 THE LONDON INSTITUTE OF BANKING AND FINANCE**

Please return to A Le-Gall by Wednesday 5th July 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.