October 2018

Dear Parent

**Visit to**

**Dell EMC Brentford**

**–**

**Year**

**12**

I am writing to in

form you about a school mentoring scheme with

Dell EMC Brentford

.

The

aim of

this scheme

is

for Ye

ar 12 students to build on their core employability

skills,

to

increase their

confidence and raise their aspirations. The

se

sessions and workshops take place at Dell's head

o

ffice in Brentford. Each workshop also features inspiring insights from Dell employees, who

will

continue to mentor and work with the students th

roughout each session.

It will take place on the

following dates: 19th November, 4

th

December, 8

th

January and 18

th

January from 9am to 4pm.

Students will leave the school at

9

am

on

Monday 19

th

November

and travel by

minibus

to and from

Dell EMC Brentford

, returning to school at

3

pm

. Students will be required to wear smart dress,

including shoes (no trainers or jeans allowed).

There is no cost for this trip however, 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 ParentPay, 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 hesitat

e to contact me.

Yours sincerely

**A Le**

**-**

**Gall**

**Sixth Form Guidance Leader.**



**EMERGENCY CONSENT FORM**

**VISIT TO DELL EMC BRENTFORD**

Please return to Mrs Le-Gall by Thursday 1st November 2018

**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.