January 2018

Dear Parent

**Visit to Heathrow Jobs and Careers Fair – Year 12**

Your son or daughter has signed up to attend the Heathrow Jobs and Careers Fair, held at the Sofitel Hotel, Heathrow on Tuesday 30th January 2018.

The Fair will give them the perfect opportunity to see the variety of careers available at the airport. Visiting will raise their awareness of the qualifications they need to fulfil the excellent roles and the progression opportunities at the Heathrow.

They will experience top employers all under one roof on one day. Employers already booked for the event include top names such as British Airways; Delaware North; Dixons Travel; Hamleys and Omni Serv.

Students will leave the school at 10.15am on Tuesday 30th January and travel unaccompanied to the Sofitel Hotel, where they will register with the event organiser. The Jobs and Careers Fair starts at 11am and finishes at 1.30pm. Students will be required to come back to school after the Fair if they have a period 6 lesson. Students will be required to wear smart clothing including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip.

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.

There is not cost for students to attend this event, 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 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 HEATHROW JOBS AND CAREERS FAIR – TUESDAY 30TH JANUARY 2018**

Please return to Mrs Le-Gall by Friday 26th January 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.