Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam,

Thank you for offering\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Experience for the week beginning\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please find attached a copy of the School’s Insurance Policy regarding Work Experience. Please note that in as far as possible, the student should experience the full working day and the placement does not have to replicate school hours.

Payment is neither accepted nor permitted for this placement. A member of the TY teaching team will be in contact with you during the placement and we would ask that you complete the attached Employer’s Report to return either via the student or by posting to me at the above address.

We are very grateful for your cooperation in this matter. It would not be possible to implement this very worthwhile aspect of the TY programme without your care and attention.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mary Keenan

TY Coordinator