

APPLICATION FORM

SONS AND DAUGHTERS TO WORK DAY - THURSDAY 17TH MAY 2018

OPEN TO SCHOOL YEARS 7-13 (11-18 year olds)

Please ensure this form is completed in full, and returned by Thursday 29 March 2018 by 12 noon (Applications after this date and time will not be accepted)

PLEASE NOTE INCOMPLETE FORMS WILL NOT BE PROCESSED

NAME OF PARTICIPANT:

HOME ADDRESS:

POSTCODE :

PARENT / GUARDIAN NAME :

CDSID :

WORK TELEPHONE & MOBILE NUMBER :

EMAIL ADDRESS (HOME) :

EMAIL ADDRESS (WORK) :

NOTE: If you do not have a JLR work email address you must put your Manager's in order to complete the Risk Assessment process. **Forms cannot be processed without this email address**

DEPARTMENT / WORK AREA (BLOCK NUMBER) :

SCHOOL NAME :

SCHOOL ADDRESS:

POSTCODE :

CHILD'S DATE OF BIRTH :

AGE ON DAY :

SCHOOL YEAR GROUP :

SUBJECTS STUDIED AND OPTIONS IF SELECTED :

HOBBIES / AREAS OF INTEREST :

WHAT TYPE OF CAREER WOULD YOU LIKE IN THE FUTURE? EXPLAIN WHY :

WHAT ARE YOUR EXPECTATIONS OF THE DAY :

HAVE YOU TAKEN PART IN 'SONS AND DAUGHTERS TO WORK' BEFORE? YES / NO IF SO WHEN :

NOTE: Priority will be given to those who have not previously attended the event

PARTICIPANT'S SIGNATURE :

DATE :

APPLICATION FORM CONT

SONS AND DAUGHTERS TO WORK DAY - THURSDAY 17TH MAY 2018

PARENT / GUARDIAN CONSENT

Please note, if you work in direct manufacturing areas you need to arrange for your son or daughter to shadow a supervisor or manager. This is for health and safety reasons and must be agreed with your manager before your son or daughter is on site.

I am happy for my son/daughter to take part in the day's activities, some of which may be photographed and used in publicity material.

I agree to have responsibility for my son/daughter whilst he/she is on the Jaguar Land Rover site. I will also be responsible for providing instruction on Health and Safety within my area.

I agree to complete a Young Persons Risk Assessment (if the EBPC do not receive this your son or daughter will lose their place) for my son/daughter for the area in which he/she will be working.

If your child is on any kind of medication or has any condition, it is essential that you give details below.

PARENT / GUARDIAN SIGNATURE :

DATE :

PRINT NAME :

AREA / DEPARTMENT MANAGER CONSENT

I agree that the above participant may work shadow in my area on 17 May 2018 and I will be responsible for completion of a risk assessment for them. Please be mindful of the number of placements accepted.

SIGNATURE :

DATE :

PRINT NAME :

AREA / DEPARTMENT :

CDSID :

SCHOOL CONSENT - THIS MUST BE APPROVED BY SCHOOL

We give permission for the above participant to attend 'Sons and Daughters to Work' at Jaguar Land Rover on 17 May 2018

SIGNATURE :

DATE :

PRINT NAME :

POSITION :

NAME OF SCHOOL :

TELEPHONE NUMBER :

RETURN TO : EDUCATION BUSINESS PARTNERSHIP CENTRE, (BETWEEN R BLOCK AND BUSINESS PROTECTION)

OFFICE USE ONLY

DATE RETURNED :

TIME RETURNED :