



Skills Fest

Please note the deadline to return the parental consent form – Tuesday 3rd October

Dear Parent/Guardian,

We have arranged a visit to the West Kent Skills Fest for all Year 10 students. The details of the visit are as follows:

Date of Visit – Tuesday 10th October 2017

Location – Assembly Hall Theatre, Tunbridge Wells

Departure time – 9.45am (meet in canteen at 9.30am)

Return time – Back to coach 12.15pm for 12.30pm departure– arrive back at school for 1pm lunch.

Mode of Transport – Double decker coach with staff supervision.

Meal Arrangements – a small snack and non-fizzy drink may be taken on trip

Uniform must be worn with correct footwear

Cost - £5 per student voluntary contribution towards the cost of transport - Payable by ParentPay

Emergency school contact Miss Homewood:

Lhomewood@tonbridgefederation.co.uk 01732 353544 Ext 250

What can your son/daughter expect from the visit to the 'SkillsFest' event:

- Network with employers and talk directly to them about careers and opportunities
- Take part in Interactive displays and 'have a go'.
- Hear talks and interviews about careers and how to apply for them.
- Gather a wide range of information and advice on opportunities to succeed.
- Inspiration for future careers & an understanding of the wealth of opportunity available.
- Meet master craftsmen.
- Enquire and make contacts for Work Experience, Apprenticeships and Internships

Please complete the attached Parental Consent Form and return it with your voluntary contribution to Miss Lisa Homewood Lhomewood@tonbridgefederation.co.uk no later than Tuesday 3rd October 2017.

Yours sincerely

Miss Lisa Homewood
Career Coordinator

Please Note: Payment is by a voluntary contribution to pay for staff cover and transport costs, however, the event is an important part of the curriculum and students will not be excluded from the trip as long as we receive the permission slip.



PARENTAL CONSENT FOR A SCHOOL VISIT

Year & Advisory		Details of visit to West Kent SkillsFest	
From: Date/Time	Tuesday 10th October from 09.30 a.m.	To: Date/Time	Tuesday 10 th October 1.00 p.m.
I agree to (name)		...taking part in this visit and participating in the activities described. I have read the information sheet and acknowledge the need for him/her to behave responsibly	
I have made a <u>voluntary</u> contribution of £5			
Payable by ParentPay – No Cash		(please circle)	Yes No
N. B No student will be excluded from the trip			
Medical information about your child			
Date of Birth			
Any conditions requiring medical treatment including medication?			YES/NO*
If YES, please give brief details			
Please outline any special dietary requirements your child may have and the type of pain/flu relief medication your child may be given if necessary:			
Is your son/daughter allergic to any medication? If YES, please specify			YES/NO*
When did your son/daughter last have a tetanus injection?			
I will inform the Group Leader/Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.			
DECLARATION (Applicable to all visits both day and residential)			
I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.			
Signed		Date	
Full Name (Capitals)		Parent/Guardian	
Contact telephone numbers (for duration of visit):			
Work:	Mobile:	Home:	
Home address			
Alternative emergency contact:			
Name:		Tel. No.	
Address			
Name of Family Doctor		Tel. No.	
Address:			
THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT			