

Wednesday, 17<sup>th</sup> September 2025

Dear Parent/Carer,

**Work Experience Trip to Walsgrave Hospital – Tuesday 23<sup>rd</sup> September 2025**

As part of enabling your child to explore their Limitless Potential, we have been very lucky to have secured some places on a Work Experience Taster Event at University Hospital Coventry and Warwickshire (Walsgrave) on Tuesday 23<sup>rd</sup> September. Your child has been selected to attend this trip due to their interest in this field.

This is a full day event and we have attached the letter detailing what will be included.

<b>Schedule</b>	8.30am: Departure from Grace Academy 3.15pm: Arrival back at Grace Academy
<b>Uniform</b>	Your child will need to wear school uniform. If your child is in Sixth Form they should wear their usual smart business dress. Long hair must be tied back.
<b>Transport</b>	Transport will be via school minibus.
<b>Lunch</b>	Students will need to bring their own packed lunch. If your child is entitled to free school meals a packed lunch will be provided
<b>Cost</b>	This trip is free of charge.

If you have any questions, please do not hesitate to contact Miss Harvey at [ellieharvey@graceacademy.org.uk](mailto:ellieharvey@graceacademy.org.uk).

Please complete and return the attached paperwork **no later** than Friday 19<sup>th</sup> September 2025.

Yours sincerely,



Miss E Harvey  
**Events and Personal Development Lead**

*Executive Principal:*  
 Mrs N Whiles

*Associate Principal:*  
 Mrs E Wheller



Grace Academy is part of Tove Learning Trust, a multi-academy trust whose Company Registration Number is 07525820  
 Registered Office Address: c/o Sponne School, Brackley Road, Towcester, Northants NN12 6DJ



**Work Experience Trip to University Hospital Coventry and Warwickshire (Walsgrave)**  
**23<sup>rd</sup> September 2025**

**Please complete and return the slip below no later than Friday 19<sup>th</sup> September 2025.**

Name of Student \_\_\_\_\_

*Please tick as appropriate*

**I give my permission for the above-named student to attend the above trip**

**I do NOT give my permission for the above-named student to attend the above trip**

**I understand that school rules apply whilst my child is on the trip and my child will stay with the school group**

**Signed: \_\_\_\_\_ (parent/carer)**

**Print: \_\_\_\_\_**

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

**PARENTAL /GUARDIAN CONSENT FORM**

I agree to (student name) \_\_\_\_\_

taking part in the following visit/off-site activity:

**Work Experience Trip to University Hospital Coventry and Warwickshire (Walsgrave)**

**23<sup>rd</sup> September 2025**

Please state any medical history which would be helpful for the visit should the student require treatment:  
e.g. diabetes, asthma

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What medication does the student take: name, dose, frequency and times:

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Note - any medication must be clearly marked with medication name, dose and frequency and sufficient for the trip - it must be handed to the Trip Leader prior to leaving on the visit. The chemist can make up a medication foil for the visit or they can be placed in a dose-box with an information sheet about the medication.

Is the student allergic to any medication, if YES please state:

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When was the student's last tetanus injection: please state date \_\_\_\_\_

State pain/common cold relief medication the student may be given if necessary:

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Outline any special dietary requirements of the student:

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<b>Main contact details:</b>	<b>Emergency Contact details:</b>
Name:	Name:
Home address:	Home address:
<u>Contact Numbers</u>	<u>Contact Numbers</u>
Home:	Home:
Mobile:	Mobile:

Family GP Name: \_\_\_\_\_

GP Address: \_\_\_\_\_

\_\_\_\_\_

GP Telephone No: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian declaration**

I will inform the Trip Leader as soon as possible of any changes in medication, student's health condition or other circumstances not listed above before the start of the journey.

I agree to my child receiving medication as instructed and any emergency dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Full name of parent/guardian: \_\_\_\_\_

Signed: \_\_\_\_\_

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

## Photo Consent Form

During the course of the event we may wish to take photographs, either for our own records, for use as part of our learning curriculum or for inclusion in our promotional material, such as the school prospectus and our website.

To comply with General Data Protection Regulation, we must ask for your consent before the school records any images of your child. The table below sets out the various reasons for taking, and making use of, images of your child and we should be grateful if you would indicate whether or not you give consent for use in these circumstances. Your child's name will not be attached to these images.

By indicating 'YES', you are confirming that you consent to your child's personal data being shared for the purposes stated below:

1.	For use on internal school displays	YES/NO
2.	For use as part of projects of work by students	YES/NO
3.	For use on the school's website	YES/NO
4.	For use on the school's Twitter page	YES/NO
5.	For use on the school's Instagram page	YES/NO
6.	For use in the school's Prospectus	YES/NO

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print:** \_\_\_\_\_