

Ballymena Academy

Year 13 Application for Work Shadowing

TUTOR ROOM

Pupil's Name _____

Address _____

Postcode _____

Home Telephone _____ Mobile Telephone _____

Email Address _____

G.C.S.E. Results	
Subject	Grade

Career Aspirations (as selected from the careers on the next page)
1. _____
2. _____
3. _____
Further details

As Levels currently being studied

CLOSING DATE
5TH NOVEMBER 2018

Indicate your 1st (1) and 2nd (2) Career preferences from the list below (if the letter (S) appears beside your chosen career it must be organised through the school. Please note some options may not be running)

Accountancy		Mechanical Engineering	
Advertising		Media	Radio
Aeronautical Engineering			TV (UTV) (s)
Agriculture		Journalism	
Architecture		Medicine	(s)
Banking		Nursing	(s)
Biomedical/ Laboratory work		Occupational Therapy	
Business Management		Optometry	
Chartered Surveying		Pharmacy	
Civil Engineering		Physiotherapy	
Computing	Programming	Police Service	(s)
	Systems Analyst	Radiography	(s)
	Other -	Retail Management	
Dentistry		Social Work	
Electrical/Electronic Engineering		Speech Therapy	
Environmental Health		Sport and Leisure	
Hotel Management		Teaching	Primary
Journalism			Secondary
Landscape Design			Special Needs
Law - Barrister		Tourism	
Law - Solicitor		Veterinary Medicine	
Marketing			

Please specify any other preferences - if not listed above

Details of Contacts in your chosen field/s of work shadowing

Work-Shadowing Placement 1

Name of Employer _____

Name of Contact _____

Address _____

Postcode _____ Telephone Number _____

Dates arranged with employer _____

Work-Shadowing placement 2 (fill in only if applicable)

Name of Employer _____

Name of Contact _____

Address _____

Postcode _____ Telephone Number _____

Dates arranged with employer _____

You should where at all possible, make the first contact with the employer yourself.
(Unless the career area is specifically listed on page 2 as being organised by the school)

To be completed by Parent/Guardian if able to offer a work shadowing placement

I, the parent / guardian of _____ am able to offer a work shadowing placement to a Ballymena Academy pupil / pupils.

Type of work shadowing _____

Possible dates _____ Number of placements _____

Name of Employer _____ Contact Person _____

Address _____

_____ Postcode _____

Telephone _____ Email _____

To be completed by the parent

As parent/guardian of _____ I confirm that I have read and understood this form and other accompanying documents and agree to my son/daughter taking part in the work shadowing scheme. I undertake that he/she will observe the regulations - copy enclosed. I confirm that he/she does not suffer from any physical condition which could result in unnecessary risk to his/her health or safety, or the health or safety of another person. I also understand that he/she will receive no payment for taking part in this scheme, and that he/she will not be entitled to benefits of National Insurance (Industrial Injuries) Acts 1965 to 1969, in the event of any accident taking place.

Signature _____ Parent/Guardian Date _____

To be completed by the pupil

I agree to take part in the work shadowing scheme and adhere to the regulations. I also agree to hold in confidence any information about the employer's business which I may obtain during this work period and not to disclose such information to another person without the employer's permission. I also agree to observe all safety, security and other regulations laid down by the employer and made known to me either by the employer's representative or by displayed instructions.

Signature _____ Date _____