Pelizaeus-Gymnasium

Sekundarstufe I und II

Gymnasium der Stadt Paderborn

Pelizaeus-Gymnasium \* Gierswall 2 \* 33102 Paderborn

33102 Paderborn, 9/13/2020

Gierswall 2

Tel.: 05251-1549750

Fax : 05251-1549759

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Non-obligatory Work Placements Abroad

for students in form 10 attending the Pelizaeus grammar school in Paderborn

Dear Sir/Madam,

To enable our students to discover their individual strengths and skills early enough to be able to make properly considered career choices, we encourage them to undertake some practical training in their potential fields of interest during their final years at high school. To maximise the potential benefits from such work placements, we need the help of firms and companies who are willing to provide our students with realistic and practical exposure to the world of work by entrusting them as far as possible with the sorts of tasks and responsibilities that they might be confronted with in their future careers.

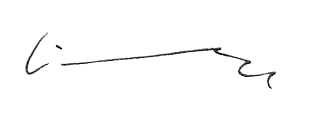
Such work placements should start approximately 10 days before the beginning of their summer holidays and last well into the holidays for at least 3 weeks, but can be extended to six weeks depending on individual arrangements between the intern and the host company. As the training is considered part of the school curriculum, the students are fully insured as part of the school’s insurance policy and do not expect any payment.

Given that the students choose to do this work placement during their holidays, their motivation is naturally very high. In general, students of this age are eager to learn about all facets of the job that they may wish to pursue as their future occupation. To assist us with the administration of the program and the effective placement of the students, it is helpful if the proposed tasks and activities that would be involved with the work placement are discussed in advance with the students upon application and noted down in written form.

If you are willing to accept one of our students for a work placement at your company, please complete the attached form and return it to us.

We would be very grateful for your cooperation and look forward to a positive response.

Yours faithfully,

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| --- | --- | --- |
| (Dr. Lütke Westhues / Schulleiter) |  | (Dr. Schelonke / Praktikumsleiter) |

Pelizaeus-Gymnasium

Contact Name: Dr. Michael Schelonke

Tel. 00495251/1549750

Fax: 00495251/1549759

Gierswall 2

33102 Paderborn Date: 9/13/20

Germany

**Non-Obligatory Work Placements Abroad 2021**

This form has been given to you following your agreement to a non-obligatroy work placement. Please complete the company details and return it to the student for delivery to school.

Thank you for supporting our programme.

Name Of The Student : ...................................................................

Private Address: ........................................................................................................

Telephone No.: .....................................

Dates Confirmed From ..................................... To ……………………….

Organisation / Company: …………………………………………………………………….

…………………………….............................................................................................

Address: ......................................................................................................................

Telephone No.: .................................... E-mail: .........................................................

Contact Name: ..........................................................

Job Description (Please give as much detail as possible)

1. ............................................................................................
2. ............................................................................................
3. .............................................................................................

As a representative of the above Employer I can confirm that the student named has a placement with the company on the dates specified and that as a company we have EMPLOYERS LIABILITY INSURANCE.

Name: .................................. Date: .........................................

........................................................

( Signature)