

[Agency Name]  
[Agency Address]  
[Phone Number]  
[Date]

**Subject: Confirmation of Trial Shift - [Candidate Name]**

Dear [Candidate Name],

We are pleased to confirm your trial shift with our client, [Company Name]. Please find the details of the engagement below:

- **Date:** [Date of Trial]
- **Start Time:** [Start Time]
- **Estimated End Time:** [End Time]
- **Location:** [Full Address of Workplace]
- **Reporting To:** [Contact Person Name]

**Position Details:**

Role: [Job Title]  
Dress Code: [Specific Attire/PPE Requirements]  
Pay Rate: [Hourly Rate or State if Unpaid Trial]

**Preparation:**

Please ensure you arrive 15 minutes early to allow for any site inductions. Remember to bring your [ID/Specific Tools/Certifications] as previously discussed.

If you are unable to attend or are running late, please contact us immediately at [Agency Phone Number].

Good luck with your shift.

Best regards,

[Consultant Name]  
[Agency Name]