



**Kings' School Work Experience
13-22nd July 2020**

Health & Safety Disclaimer Form

Student Name..... **Tutor Group**.....

To be completed by Parent/Guardian:

- I confirm that I have agreed to my son/ daughter participating in this Work Placement with the employer for the agreed period of time. I also confirm that he/she is medically fit to undertake the placement.
- I confirm that I will be responsible for his/her wellbeing whilst on placement and travel arrangements will be made or agreed. I have also satisfied myself that the placement is a safe environment for my son/daughter to undertake work experience.
- I understand that Kings' School will do their best to ensure that relevant health and safety checks are completed for any placements that are within Hampshire. **However, if a placement falls outside of the Hampshire boundary or with a parent/family member then a check will not be carried out prior to placement.** Parents and Guardians will need to take full responsibility that it is a safe environment for undertaking work experience.
- I confirm that in the hopefully, unlikely event of an accident or similar occurring during placement, Kings' School is not to be held liable or responsible for my child. A 24-hour emergency contact telephone number will be available at all times during placement. Contact details will be given to parents and employers nearer Placement time.

Further information

Pupils cannot be paid for Work Experience, although employers may choose to pay for additional transport costs or provide refreshments.

Hours must be 'reasonable'. Hours will vary depending on the employer. Usually pupils will work a standard day for that particular position. Hours should generally be between 4-8 hours per day and must not be 'unsocial'.

Regardless of whether a health and safety check has been carried out prior to the Work Placement or not, Kings' School will ensure that a current Employer's Liability Insurance / Public Liability Insurance is in place and will seek a copy of this.

Phone calls and, in exceptional circumstances, visits will be made to the employers during the Work Placements to check that the experience is working well.

Signed: _____

Name: _____ Date: _____

Please return the completed form to Miss K Merrett Work Experience Co-ordinator by Monday 6th July 2020.