

**Work Experience Health & Safety Disclaimer Form**

Monday 15th - Tuesday 23rd July 2024

 **Student Name:** ………………………..…………………………………………… **Tutor Group:** ……….……………………………..

* I confirm that I have agreed to my child participating in a Work Placement with the employer for the agreed period of time
* I confirm that they are medically fit to undertake the placement
* I confirm that I will be responsible for their wellbeing whilst on placement and travel arrangements will be made or agreed
* I have satisfied myself that the placement is a safe environment for them 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
* 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/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 (parent/guardian):** ……………………………………………… **Name:** …………………………………………………..

**Date:** ………………………………………………….

**Please return to Mrs J Turner, Work Experience Co-ordinator by Wednesday 31st January 2024**

**j.turner@kings-winchester.hants.sch.uk**