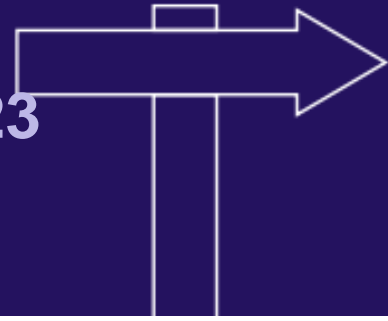




# Work Experience 13/02/2023

## Reddish Vale High School



Dear parent/carer,

During the week commencing **13/02/23** your child will be required to participate in a **'Work Experience Placement'** operated by the school in association with **The Changing Education Group**.

A work experience placement aims to give young people a taste of 'The World of Work', so that they may begin to appreciate the demands which will be made upon them when they enter employment after they have completed their education. The placement your child arranges for themselves will need to be voluntary, subject to the consent of Parent/Guardian, and unpaid.

Each student will be expected to attempt to arrange their own placement and work the normal working hours of the firm or organisation for the duration of the placement, unless prohibited by the constraint of a previously arranged appointment (medical etc) or genuine illness. In these circumstances the students should inform the Employer at the beginning of the placement.

For any students planning to arrange their placement with parent/guardian, we have attached a waiver form to this letter which needs completing. This overrides the need for a risk assessment. This will need to be filled out and sent to [riskassessment@changingeducation.co.uk](mailto:riskassessment@changingeducation.co.uk) for their reference at least 10 working days before the placement start date. If you would like a paper copy of this waiver form, please ask your child to collect one from Mrs Morrison.

Once your child has found their own placement, they need to input the placement details into the **'ConnectED'** app. This will allow the school to verify the placement provider so that Changing Education can begin facilitating the risk assessment process. Students have been provided with information about this app in assembly and are aware of how this works.

Work experience week is built into the calendar for Year 10 – your child's learning will not be adversely affected by this activity. This is a fabulous opportunity for all of our students and we hope that you will encourage them to make the most of this experience. If for any reason you do not wish for your child to complete work experience then please contact school to discuss the possibility of opting-out.

Please complete the consent form on the link below to confirm that you are happy for your child to participate in work experience. If you have any queries or require more information about the scheme, please do not hesitate to me at [c.morrison@reddish.stockport.sch.uk](mailto:c.morrison@reddish.stockport.sch.uk).

<https://www.surveymonkey.co.uk/r/RZSBCWT>

Yours sincerely,

Charlotte Morrison

Assistant Headteacher

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**(FOR COMPLETION ONLY IF WORK EXPERIENCE PLACEMENT IS BEING CARRIED OUT WITH PARENT/GUARDIAN)**

**Name of the Activity or Event:** \_\_\_\_\_ **Date of Activity or Event:** \_\_\_\_\_

**Check One:** Scientific Field Trip   Child Care or Youth Activities   Student Volunteering   Work experience

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: (Name of Organisation)..... and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that ..... and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of .....

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Print Participant's Name	Age	Signature (if under 18 years old, Parent/Guardian must also sign)	Date