

PARENTAL CONSENT – WORK EXPERIENCE (WEx)

(To be completed by the parent or guardian and handed into Mrs Sheppard or Mrs Cassar by the student along with the EMPLOYERS completed form.)

Pupil's Name _____

Tutor Group: _____

Name/Address/Tel of Placement Provider: _____

Person at company responsible for WEX: _____

Dates of WEX: _____ Type of Work: _____

Hours and days of Work: _____

The Ravensbourne School is satisfied that the area of work for the above named pupil is appropriate for 'work experience' and has checked that the employer has insurance, which includes cover for pupils participating in 'work experience'. The employer has been sent the "Notes for Parents and Employers".

Signature of person in charge of WEX scheme:

Date:

Insurance

If a pupil participating in a work experience scheme is negligent, and this gives rise to a claim, the School's public liability insurance will apply. A similar claim against a teacher will also be covered in the same way.

A pupil on placement has no automatic entitlement to any form of benefit in the event of suffering an accident, and the only remedy is a claim, perhaps through the courts, against the negligent party. This assumes that someone other than the pupil was to blame. The school will ask companies providing 'Work Experience' placements for pupils, to confirm that they have insurance to meet any liability where they are at fault.

Parents of students can take out personal accident insurance for their own benefit.

I have read the "Notes for Parents and Employers" and consider my child physically and medically suitable for this placement. I give permission for my child to take part in the scheme.

**Signature of
Parent/Guardian:**

Date: _____

Name (in capitals):

Please sign & return to TRS ASAP