



Dear Parents and Carers

8th April 2022

Work Experience update and further information

During the week commencing 11th July your child will be required to participate in a Work Experience Placement operated by the school in association with [The Changing Education Group](#).

The first thing to do is complete the [Parent/Career Consent Form](#) by Monday 2nd May. This gives your permission for your child to participate in work experience. Include medical, access or other information that will help an employer when completing a risk assessment.

Each student will be expected to attempt to arrange their own placement and work the normal hours of the firm or organisation for the duration of the placement, unless prohibited by the constraint of 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, I have attached a waiver form to this letter which overrides the need for a risk assessment. This will need to be filled out and sent to riskassessment@changingeducation.co.uk for them to check at least 10 working days before the placement date.

Changing Education will be carrying out the administration of work placements and the assessment of employer health, safety and insurance status. The cost to parents is £25 (unless your child is participating in Active Leaders or is arranging their placement with parent/guardian). If your child is entitled to the Pupil Premium Grant their contribution can be covered. Payment will be via Scopay and will be set up by 28th April ready for you to pay.

After the Easter break, your child will be able to load the [ConnectEd](#) 'ConnectED' app (we will do this during a tutor time) where placement details will be logged and managed. This will allow the school to verify the placement provider so that Changing Education can begin supporting employers with the risk assessment process. Students will also be encouraged to engage with numerous key pre-placement resources via the app to ready themselves for their placement and reflect upon the development of their skills.

Kind regards,
Susannah Wood
Careers Leader at Langtree School

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

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 or guardian must also sign)

Date