

# Workshadowing Project - 2017

Participating School ..... Year Group .....

## Checklist of Employer Risks Covered

In connection with proposed attachments of .....(student's name)  
of .....(school), the school needs confirmation that the  
organisation has the necessary insurance covers and that insurers have confirmed their  
acceptance of this risk.

Please confirm this by ticking the boxes below:

### 1. ACCIDENTAL INJURY etc

- (i) to student
  - a. on Workshadowing Experience (Employer's Liability)
  - b. other (Public Liability)
- (ii) to employees (Employers Liability)
- (iii) to others\* (Public Liability)

### 2. LOSS OR DAMAGE TO PROPERTY

- (i) employers' property (Material Damage)
- (ii) other (including pupils) property (Public Liability)

*\*i.e. other visitors, customers, members of the public, etc.*

Signed: .....

Position: .....

Date: .....

*Special note for self-employed parents / guardians without above risks cover.*

**My employment circumstances are such that I personally will take full responsibility and liability for my child during the Workshadowing Day.**

This form should be returned to: (To be completed by the school - name of contact and address of school)

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