



05 May 2016

Dear Parent/Guardian

ICAEW Accounting Competition Thursday 30th June – Friday 1st July

The Economics and Business Department is planning to organise the following visit for the six Year 12 and 13 pupils who won the regional heat of the ICAEW Accounting Competition last year. We will drive to Birmingham early on Thursday morning and the boys will then spend the day competing. In the evening there is a dinner and prizes are awarded. We will spend the night in the Birmingham Hilton Metropole Hotel and return to school on Friday 1st July.

Dates	Times	Cost	Requirements
From: Thursday 30 th June	Leaving:6.00am	£50	Students will be required to wear business attire during the day session for the business challenge. This is especially important as they will have the chance to network with potential employers. Students are given the opportunity to change before the evening celebrations. The dress code for the celebration evening will be formal wear for the girls (cocktail dresses/summer dresses) and smart suits or black tie for the boys.
To: Friday 1 st July	Returning: approx. 3pm		Wine will be served at the dinner table to those students who are over the age of 18. This will be monitored by the use of the DOB information provided by teachers and checking of students driving licenses/birth certificate or passport upon entry to the dining room. A wristband will be given to students 18 years and above enabling them to purchase drinks. It is the responsibility of the teaching staff to monitor students' intake of alcohol. Students over the age of 18 will only be permitted to purchase one drink at a time from the open bar and will be required by hotel staff to present their personal ID. Alcohol purchases are not permitted through room service.

Parents/Guardians who may find it difficult to meet the deadline for payment should contact the Finance Office on ext 260.

Deadline for payment: 16/05/2016

PAYMENTS: Please pay online via: www.scopay.com. If you need a link code please email amh@bws.wilts.sch.uk (link codes are only needed for online account set up)

Your son will be covered by the school's insurance during this trip; a copy of which is available on the school website. Please ensure that we have current emergency contact details and details of any medical conditions and that your son takes all necessary medication with him on this trip.

Yours faithfully

Charlotte Wilson

Head of Economics and Business

BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP	ICAEW Accounting Competition National Final		
DATE OF TRIP	Thursday 30 th June – Friday 1 st July		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to	Birmingham		
From		To	

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

MEDICAL INFORMATION

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

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Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

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To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

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Has your son received a tetanus injection in the last five years?

If yes, please give date:-

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Is your son allergic to any medication?

If yes, please give details:-

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Please outline any special dietary requirements or food allergies of your son:-

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I agree for my son to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

Yes	No
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If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws-school.org.uk under Parent Portal / Useful Documents. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

Yes	No
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CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by
PARENT/GUARDIAN

Please Print Name	Date	

**Please return to Mrs N Miles, School Secretary & Head Master's PA
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.