10 May 2019

Dear Parents and Carers

Westminster University EPQ Study Skills Afternoon, Wednesday 5 June 2019

Your son/daughter has the opportunity to go to Westminster University Library at their Harrow Campus on Wednesday 5 June 2019 to take part in a study skills workshop to help with their Extended Project Qualification.

Rickmansworth School has been working with the University’s School of Media and Communications to devise a programme of training and support for EPQ students, and we are able to offer this workshop at no cost to you.

Students will learn effective research skills in a university setting, as well as getting help with choosing a topic, setting aims and objectives and drawing up a project plan. They will also get support in creating bibliographies, academic referencing and avoiding plagiarism.

It is highly recommended that all students attend this afternoon session as it is a key part of the taught element of the course.

Please complete the online form to confirm attendance by Wednesday 22 May 2019.

Students will need to be ready to leave School at 1.10pm at the end of morning, and we will arrive back at School at approximately 5pm. Travel will be by minibus and will depart from outside the Sports Hall.

Yours sincerely

Mr N Cavender
Librarian and EPQ Coordinator
To: Mr N Cavender

Re: Westminster University EPQ Study Skills Afternoon, Wednesday 5 June 2019

Student Name ............................................................................................................

Form & Teaching Group ..........................................................

☐ Having read and understood the details of the visit as set out in the letter of 10 May 2019, I wish my son/daughter to participate in the trip to Westminster University EPQ Study Skills Afternoon.

☐ I acknowledge the need for my son/daughter to behave responsibly and agree to the School’s procedures in this respect. Although the staff of the School escorting the party will exercise due care and attention, I understand they cannot necessarily be held responsible for any loss, damage or injury, which may befall my child named above during or as a consequence of the journey and visit.

☐ I understand that upon return to School (where applicable) my son/daughter will no longer be under the authority of the School and my child is aware of the arrangements for getting home.

☐ I understand that I must notify the School office of any change in the medical condition of my son/daughter and of any change to the emergency contact telephone numbers provided below.

Emergency Tel No 1:..............................................................

Emergency Tel No 2..............................................................

Parent Signature ...........................................................................................................