



«First_Name» «Last_Name»

D.O.B: «DOB»

Category of Need: «Category_of_Need»

Health Declaration

Does your son/daughter have a health problem in any of the following areas which would affect them during their work experience/voluntary placement?

	No	Yes
Restrictions for normal physical activities or games		
Skin allergies, eczema, other allergies (e.g. nuts)		
Bronchitis, asthma, chest complaints		
Hearing problems or ear discharge		
Heart disease that affects their ability to do physical tasks		
Diabetes		
Epilepsy or fainting attacks		
Significant colour defeat or other visual problems		
There are no health reasons affecting my son/daughter's ability to take a placement in any particular working environment		
Any other health/emotional/behavioural issues. Please give details:		
Please give any relevant details for any of the above		
Current medication:	Dosage:	
Does your son/daughter require medication whilst on placement? Yes/No		
Medication:		Dosage:
Date of last Tetanus Injection:		

Name of Doctor:

Address:

Telephone Number:

For Students requiring uniform, please indicate sizes below:

Female Students: Dress Size _____ Shoe Size _____

Male Students: Waist Size _____ Chest Size _____ Shoe Size _____

Young Person

Signed:.....

Date:.....

Information will be shared appropriately with an employer offering a work experience placement or a voluntary opportunity

Parent/Carer

Signed:.....Parent/Guardian

Date:.....

Information will be shared appropriately with an employer offering a work experience placement or a voluntary opportunity.

Employer:

Date Information passed to employer:

Signed:

Caroline Milner, Work Experience Co-ordinator.