

The following information is required by the employer in order to provide a safe and healthy placement for your son/daughter.

Failure to disclose accurate information could put your son/daughter at risk and will result in the placement being withdrawn:--

To be completed by the parent or guardian of:

Student's Name:

School:.....Tutor Group

| Does he/she: | YES OR NO | IF YES PLEASE DETAIL |
|--|--------------------------|---------------------------------|
| 1. Have any restrictions of normal physical activity?. | | |
| 2. Need support during the period of the work placement? | | |
| 3. Have skin allergies or eczema? (or any other allergies, eg to nuts?) | | |
| 4. Have bronchitis, asthma or chest complaints? | | |
| 5. Have a hearing disability or discharging ears? | | |
| 6. Have heart disease/any other related which would affect their capacity to carry out physical tasks? | | |
| 7. Have diabetes? | | |
| 8. Experience fits or fainting attacks? | | |
| 9. Have significant colour vision defect or other visual disability? | | |
| 10. Have a learning disability which might affect their ability to understand or act on instructions? | | |
| 11. Have <i>any other</i> health problems (including the need for regular medication?) | | |
| * <u>Attach a separate sheet of paper if necessary.</u> | | |

Signed:.....Parent/Guardian

Date:.....