



Dear Parent/Guardian,

Your child will be attending the BDS Vocational Training Centre this academic year of 2024/2025, to complete a City and Guilds qualification in their chosen subject.

We would be grateful if you could complete the medical and consent forms and return it with your child to BDS Training on their first day.

Uniform Requirements

As a student, your child will require a BDS uniform. A Tunic should be worn in Hairdressing and Beauty and a Tee/Hoodie in Health and social Care, this is part of their personal protection equipment and professional image, the cost of this is usually met by school. Please could you give the size needed for your child on the slip below and remember to allow for growth. We ask that your child attends with a freshly laundered uniform, black flat shoes, and black trouser/leggings to each new session.

Break/Lunches

There will be no off-site provision for your child to go out for food etc, whilst attending BDS. The following is in place - we have a morning break with toast offered and a two-option menu for lunch along with toasties or noodles daily, cooked on site. There are also hot and cold drinks available throughout the day.

If your child wishes to bring in their own lunch, we are happy for them to do so.

There is an outside safe and gated area on site that pupils can access during break/lunch hour, if they require time outside for wellbeing purposes.

Mobile Phones

Mobile phones are becoming increasingly disruptive within the training salons/classrooms so will not be permitted during lessons, this is also for safeguarding purposes and to protect each young person's identity.

As we realise how important mobile phones are to our young people, they will be asked to place them in a lock box within the training salon/classroom, and they can retrieve them during breaks. If you could please make your child aware of this, we would be truly grateful of your support.

Smoking

There is no smoking allowed in the building; this includes E-cigs.

We hope that your child will enjoy attending our Vocational Training Centre.

If you have any queries or concerns and would like to speak with a member of staff, then please do not hesitate to call on 01695 555911.

Yours Sincerely

Mrs Toni Rowlands MD – Head of BDS Training /Vocational Centre

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Childs Name..... Uniform Size.....

School Name:

Date.....



Student Medical Details

STUDENT NAME:

STUDENT - D.O.B:

STUDENT ADDRESS:

DOCTORS NAME AND ADDRESS:

Does your child suffer from any of the following:

Diabetes..... Epilepsy..... Asthma:

Digestive complaints

Does your child suffer with any allergies.....

Does your child suffer from any skin complaints (**plastics/ latex/ powders/ creams/ water etc**)?

.....

Does your child have any special dietary needs?

Does your child take any prescribed medication?.....

Is your child currently undergoing any form of counselling?.....

If there is anything that could affect your child's behaviour/emotional needs or learning that we need to be aware of

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Please call 01695 555911 and speak to Toni Rowlands to advise of any circumstances at home or school that may cause a change in your child's behaviour, please note the information on this form is kept **strictly private and confidential**.

BDS Training always conforms to the Data Protection Act.

Name of parent/guardian (capitals).....

Signature of parent/guardian.....

Emergency contact number.....

Any other comments you feel would be beneficial for BDS to know about your child:

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31 Greenhey Place, Skelmersdale WN8 9SA
01695 555911

Dear Parent/Guardian

For your child to participate in salon activities, treatments or massages related to their learning programme, will you please sign and date the following consent form, and return it as soon as possible.

- ❖ I consent to my child being included in salon training photographs for portfolio use

Parent/Guardian signature: _____ Date _____

- ❖ I consent to my child being included in publicity photographs

Parent/Guardian signature: _____ Date _____

- ❖ I consent to my child being included in outside salon visits/activities

Parent/Guardian signature: _____ Date _____

- ❖ I consent to my child receiving all aspects of hairdressing:

Parent/Guardian signature: _____ Date _____

- ❖ I consent to my child receiving all aspects of beauty treatments

Parent/Guardian signature: _____ Date _____

- ❖ I consent to my child receiving all aspects of massage to face, hands, and arms

Parent/Guardian signature: _____ Date _____

Name of Student _____

Colouring or Cutting of your child's hair will require further consent. Any treatments in Beauty that include **Glue, Tint or Wax** will also require further consent.

Outside Salon Visits/Activities – will also require further consent.

Thank you, T. ROWLANDS/Head of Centre.

Equal Opportunities monitoring form

Nationality

Female ☐

Male ☐

Disability

The disability discrimination act 1995 defines disability as a “physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities”

Do you consider your child to be disabled? Yes ☐ No ☐

If yes, what is the nature of their disability?

Ethnic Origin

- | | |
|---|---|
| <input type="checkbox"/> Asian or Asian British-Bangladeshi | <input type="checkbox"/> Other Mixed Background |
| <input type="checkbox"/> Asian or Asian British-Indian | <input type="checkbox"/> Black or Black British-African |
| <input type="checkbox"/> Asian or Asian British-Pakistani | <input type="checkbox"/> Black or Black British-Caribbean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> White-British |
| <input type="checkbox"/> Mixed-Asian and White | <input type="checkbox"/> White-Irish |
| <input type="checkbox"/> Mixed-Black African and White | <input type="checkbox"/> Other White Background |
| <input type="checkbox"/> Mixed Black Caribbean and White | <input type="checkbox"/> Other Ethnic Background |