The following information is required by the employer in order to provide a safe and healthy placement for your son/daughter. To be completed and handed in to the main office by Friday 29th November

Failure to disclose accurate information could put your son/daughter at risk and will result in the placement being withdrawn:–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/ 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, e.g. 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 *any other* health problems (including the need for regular medication?) * *Attach a separate sheet of paper if necessary.*		

Signed:……………………………………………………………Parent/Guardian

Date:……………………………………………………