



Return to Main Reception by Friday 4 March 2022

Work Experience Health Declaration 2022

Name:		Tutor Group	
Date of Birth:			
Address:			
Emergency Contact:	Name:	Tel:	
Home			
Mobile	Name:	Tel:	
Does this student have any medical conditions that may affect them during this placement? For example, diabetes. Please include any allergies, such as nut allergies.			
Does this student take any medication to control above named conditions?			
Does this student have any disability that may affect their access to this placement?			
Does this student have any additional learning needs or other issues that may affect the placement? This could include response to noise, response to instructions, understanding of safety and danger.			
Signature of Parent/Carer.....			
Print Name of Parent / Carer Date			

Student Details

Please note that we will only use this information to ensure that the placement can offer a safe and suitable environment for this student.

Beths Careers and Guidance

workexperience@beths.bexley.sch.uk

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