

Work Experience Health Declaration 2019

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.		
Parent/Carer.....		
Print Name 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.