

MEDICAL & ADDITIONAL NEEDS INFORMATION

It is essential that both your Work Experience Co-ordinator and the employer are aware of any medical conditions, special needs or physical disabilities that may affect your placement and what tasks you are asked to do.

Please fill out the form below and return it to your tutor by **22nd November 2019**. Students will not be placed without this paperwork. **THIS INFORMATION WILL BE PASSED ON TO THE EMPLOYER.**

If there are **other circumstances** you wish to make us aware of please reply in a separate letter to me. **This information will be held only by the Academy in confidence.**

Thank you for your support.

Mrs N Jordan
Work Experience Co-ordinator

Student's Details	
Name:	
Form:	
DOB:	
Parent/Carer's Details	
Name:	
Telephone:	
Address:	
Email:	
Doctor's Details	
Name:	
Address:	
Telephone:	
Does your child suffer from any of the following?	
Asthma:	No/Yes
Eczema:	No/Yes
Hay Fever:	No/Yes
Nut Allergy:	No/Yes
Other Allergies: (Please give details)	No/Yes
Hearing Difficulties:	No/Yes
Visual Difficulties	No/Yes
Physical Disability	No/Yes
Heart Condition:	No/Yes
Diabetes	No/Yes
Any other condition: (Please give details).	

Signed: _____ Parent/carers Date: _____

If there is a change in circumstance after this form has been submitted please contact:
 Mrs Jordan (natalie.jordan@astrea-longsands.org).