**FORM 2**

**Educational trips and visits and work experience consent form**

|  |  |  |
| --- | --- | --- |
| 1. **Learner details** | | |
| Learner name |
| Course |  | |
| Age |  | |
| **2. Educational details** | | |
| Place of visit |  | |
| Purpose of visit | **GAP Experience –** | |
| Date of departure |  | |
| Date of return |  | |
| Organiser |  | |
| **3. Agreement of participation in the visit** | | |
| I am aware of the opportunity for the above named to participate in an experience of work with \_\_\_\_\_\_\_\_\_\_\_\_\_ and confirm that:-   * I agree to the participation of my son/daughter/self in undertaking this placement * I accept responsibility for my son/daughter/own behaviour during the GAP experience * I accept responsibility for my son/daughter/own travel to and from the work experience placement. * I understand that all reasonable care will be taken by College staff to ensure the safety of the above named,   by undertaking due diligence with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * I understand that my son/daughter/self can travel to and from the placement * I accept that the College’s insurance policy does not cover personal accident, injury to   members of the party or damage/loss to personal property unless it can be shown that this is due  to the negligence of the College’s employee(s)   * I have completed and returned the medical information form (Form 4) attached. * I accept responsibility for any damage caused by my son/daughter/self, owing to any misconduct. * I authorise the “employer”, to arrange emergency medical treatment if needed on my behalf * I have disclosed all medical conditions that may affect my son/daughter/self to undertake this GAP placement. * I understand this information may be shared with the employer. | | |
| Signature  (If you are 18 or over at the start of your course and financially independent please sign your form) | |  |
| Parent/Carer signature  (If under 18) | |  |
| Date | |  |

**FORM 3**

**Student Contact and Medical Information Form for Educational Trips, Visits & Work Experience**

|  |  |
| --- | --- |
| Full name |  |
| What name do you like to be known as? |  |
| Address |  |
| Home telephone number |  |
| Work telephone number |  |
| Mobile telephone number |  |
| E-mail address |  |
| Date of birth |  |
| **Emergency Contact 1** | |
| Name of Parent/Carer who will act as contact during your course |  |
| Relationship to you |  |
| Contact telephone number |  |
| **Emergency Contact 2** | |
| Name |  |
| Relationship to you |  |
| Contact telephone number |  |
| **Medical Information** | |
| Have you had a Tetanus inoculation within the last 3 years? | **Yes  No** |
| If ***yes***, what is the date of the inoculation? |  |
| Do you suffer from any allergies? | **Yes  No** |
| If ***yes***, what are they and to what extent? |  |
| Do you have any current medical conditions? |  |
| Are you using any medication at the moment? | **Yes  No** |
| If ***yes***, what and why? |  |
| Is there any other medical information you wish to disclose? |  |
| **Your doctor** | |
| Name of your doctor |  |
| Telephone number of your doctor |  |
| Address of your doctor |  |
| **Declaration** | |
| I confirm that the above information is correct to the best of my knowledge, and authorise the Organiser, on my behalf to arrange emergency medical treatment should it become necessary. | |
| Parent/Carer name |  |
| Signature of Parent/Carer |  |
| Date |  |
| Student name |  |
| Signature of student |  |
| Date |  |