# **The following information is required by the employer in order to provide a safe and healthy placement for every student**

# ***Failure to disclose accurate information could put students at risk and will result in the placement being withdrawn:-*-**

# To be completed by the parent or guardian of:

Student Name: ……………………………………………………………………………………………………

School:…………………………………………………………..

|  |  |  |
| --- | --- | --- |
|   **Does he/she:** | **YES/****NO** | **IF YES PLEASE DETAIL** |
| Have any physical or mobility difficulties which may prevent carrying out tasks that include bending, lifting and carrying? |   |  |
| Have a learning disability which might affect their ability to understand or act on instructions? |  |  |
| Need support to assist them during the period of the work placement? |  |  |
| Have social, emotional or mental health needs? |  |  |
| Have skin allergies or eczema? (or any other allergies, e.g. to nuts?) |  |  |
|  Have bronchitis, asthma or chest complaints? |  |  |
|  Have a hearing disability or discharging ears? |  |  |
| Have heart disease/any other related which would affect their capacity to carry out physical tasks? |  |  |
|  Have diabetes? |  |  |
|  Experience fits or fainting attacks? |  |  |
| Have significant colour vision defect or other visual disability? |  |  |
| Take any prescribed medication? (If yes, can they take it independently or do they need assistance?) |  |  |
| Have *any other* health or medical problems or important information not previously shared above which may impact on placement (such as sensory processing, additional support, EHCP points etc.) |  |  |

**GDPR** By providing your data to us you are instructing us to act as your Data Processor. We will carry out our work in relation to work placements and site visits with you and will hold your details with your instruction. We acknowledge our GDPR responsibilities and will not communicate the data to any other party unless instructed by you to do so, other than the schools/colleges and their students concerned or if HSE request it. Unless otherwise instructed, we will retain your data for a period either dictated to by law or by our discretion (usually no more than 7 years) or after you send newer details/complete a revisit, whichever is the sooner. All files will then be securely and confidentially destroyed. Our privacy notice is available online at [www.ebpnw.co.uk](http://www.ebpnw.co.uk). Our ICO registration number is: 229835

Signed:……………………………………………………………….Parent/Guardian Date:……………………