



HEALTH AND LEARNING NEEDS FORM

| | | | |
|---------------------|--|--------------------|--|
| COURSE TITLE | | COURSE CODE | |
|---------------------|--|--------------------|--|

Data Protection Act 1998: The information you provide on this form will be kept confidential and used to deliver you an appropriate and safe course. Your information will be shared with those responsible for delivering the course. Your information will be passed to medical professionals in the event you require medical attention.

YOUR DETAILS

| | | | |
|-------------------|------------|------------------|--------|
| YOUR FULL NAME | | | |
| Date of Birth | | Your Age (Years) | |
| Address | | | |
| | Post Code: | | |
| Telephone Numbers | Home | | Mobile |
| | | | |

EMERGENCY CONTACT'S DETAILS

| | | | |
|---------------------|------------|--|--------|
| THEIR FULL NAME | | | |
| Relationship to You | | | |
| Address | | | |
| | Post Code: | | |
| Telephone Numbers | Home | | Mobile |
| | | | |

YOUR DOCTOR'S DETAILS

| | | | |
|----------------------|------------|--|--|
| DOCTOR'S NAME | | | |
| Surgery Name/Address | | | |
| | Post Code: | | |
| Telephone Number | | | |

MEDICAL DECLARATION

IMPORTANT: It is your responsibility to tell us about any medical conditions which may affect your ability to participate in this course. You are responsible for informing the instructor of any changes after completing this form.

Please contact your GP if you are unsure about your ability to participate in this course.

| Have you ever suffered from any of the following? (Please circle answer) | | |
|---|---------------------|----|
| Asthma/Bronchitis | Yes | No |
| Heart Condition (including pacemaker if fitted) | Yes | No |
| Fits, fainting, blackouts or severe headaches | Yes | No |
| Infectious blood-borne disease/infection | Yes | No |
| Diabetes | Yes | No |
| Travel Sickness | Yes | No |
| Allergies to Medication | Yes | No |
| Any other Allergies | Yes | No |
| Any other Illnesses | Yes | No |
| Are you recovering from an operation or injury? | Yes | No |
| Are you currently taking any medication? | Yes | No |
| If you have answered 'Yes' to any of the above or have any other condition which may affect your ability to participate, please provide further details here: | | |
| | | |
| Do you have a current Tetanus vaccination? | Yes Expiry Year: | No |
| IMPORTANT: Please bring any medication you may need with you in a sealed plastic bag or container with your name on it. | | |

LEARNING NEEDS

Please let us know if you have any specific needs that will help us to help you learn.

| | | |
|---|-----|----|
| Do you have any specific learning needs? (Please circle answer) | | |
| Visual | Yes | No |
| Hearing | Yes | No |
| Physical | Yes | No |
| Learning | Yes | No |
| Accessibility | Yes | No |
| Any other specific needs | Yes | No |
| If you have answered 'Yes' to any of the above, please provide further details here and state the support or adjustments which would be helpful to you: | | |
| | | |

| | |
|-------------------------|--------------|
| Participant's Signature | Date: |
| | |

| | | |
|--|----------------------------|--------------|
| PARENTAL/GUARDIAN CONSENT (for Under 18 year olds) | | |
| I give consent for (add name in CAPITALS) _____ to participate in this course. I am aware of the nature of this course and the risks involved. I understand that first aid and emergency medical attention will be provided if required. | | |
| Parent/Guardian Name: | Parent/Guardian Signature: | Date: |
| | | |

Thank you for completing this form.

Please return this form to the course organiser with your Booking Form.