

## Work Experience Health & SEN Declaration Form

Name of Student		Tutor Group	
School	St Joseph's Catholic School, Laverstock, Salisbury		
Placement period	Monday 23 <sup>rd</sup> June – Friday 27 <sup>th</sup> June 2025		

Does your child have any medical conditions or SEN needs that you feel the employer needs to be aware of for Work Experience? <i>If yes, please indicate &amp; give further details below:</i>	Yes	No
<b>Allergies, e.g. nuts, penicillin, animal hair</b>		
Please give details:		
<b>Physical Disabilities/ Hearing / Visual impairments</b>		
Please give details:		
<b>Diabetes / Epilepsy or Asthmas or any other chest complaints</b>		
Please give details:		
<b>Skin conditions e.g. eczema</b>		
Please give details:		
<b>Heart conditions that affect their ability to do physical tasks</b>		
Please give details:		
<b>Medication</b>		
Please give details:		
<b>Other: Please provide information for any other medical conditions or SEN needs, that should be considered, including social, emotional and behavioural needs, that are relevant to take into consideration for Work Experience placements:</b>		
Please give details:		

**Parent:** *I understand that this information will be shared appropriately with an employer who is offering a work experience placement, in order to conduct an appropriate risk assessment and ensure correct support is in place.*

Signed		Date	
Name <i>(please print)</i>		Relationship to student	

**Employer:** *I have read and acknowledge the health information above and can confirm that I will take the relevant risks into account for this placement.*

Signed		Date	
Name <i>(please print)</i>		Position	
Company Name			

Please return to Miss Gale with your 3-way agreement form by Tuesday 22nd April 2025 latest.