



Learner Name	Full Name: Gender: Religion. Ethnicity.
Learner D.O.B.	
Learner Address	
Learner Mobile No.	
Learner Email Address	
Emergency Contact 1	Name Address Home No. Email No. Relation to Learner Mobile No.
Emergency Contact 2	Name Address Home No. Email No. Relation to Learner Mobile No.
G.P Name, Address and No.	
Medical Conditions	





Allergies																
Medication																
Parent/Carer Consent to.	<table> <tr> <td>Photograph learner</td> <td>Please tick</td> <td>.....</td> </tr> <tr> <td>Learner on to Website</td> <td></td> <td>.....</td> </tr> <tr> <td>Learner on to Video</td> <td></td> <td>.....</td> </tr> <tr> <td>Learner on to Media</td> <td></td> <td>.....</td> </tr> <tr> <td>Speech and Language therapy team involvement</td> <td></td> <td>.....</td> </tr> </table>	Photograph learner	Please tick	Learner on to Website		Learner on to Video		Learner on to Media		Speech and Language therapy team involvement	
Photograph learner	Please tick														
Learner on to Website															
Learner on to Video															
Learner on to Media															
Speech and Language therapy team involvement															
Data Protection Act 2018	<p>The College is registered under the Data Protection act for holding personal data. The College has a duty to protect this information and keep it up to date. The College is required to share some of the data with the Local Authority and with the DCSF.</p>															
Important Notes:																
Dated:	<table> <tr> <td>Signature:</td> <td>Print name:</td> </tr> </table>	Signature:	Print name:													
Signature:	Print name:															

