

South Dartmoor Community College

**Army Residential Work Experience Placement
Consent/ Health & Safety Form**

Parent/Carer: please complete and return to Careers a.s.a.p

I give permission for - (full name please and Tutor group)

.....
to undertake The Army Residential Work Experience

Signed **Name**

Relationship to student

Date.....

I/We can confirm we understand it is our responsibility to get him/her to and from Okehampton Army camp or Exeter St David's station for the Army to pick up/drop off.
Yes/No

HEALTH AND SAFETY DECLARATION

For the health and safety of each student we are required to inform the employer of any condition which may cause problems, including Special Educational Needs.

Please tick section A or complete section B as appropriate:

A
I know of no special needs (medical or learning) from which my son / daughter suffers which may affect his/her Work Experience.

B
My son/daughter has the following health / learning problems

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