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| --- | --- |
| **Learner Name** | Full Name:  Gender:  Religion.  Ethnicity. |
| **Learner Date of Birth** |  |
| **Learner Address** |  |
| **Learner Mobile No.** |  |
| **Learner email Address** |  |
| **Emergency Contact 1.** | Name Relation to Student  Address  Home No. Mobile No.  Email |
| **Emergency Contact 2.** | Name Relation to Student  Address  Home No. Mobile No.  Email |
| **G.P Name, Address and No.** |  |
| **Medical Conditions** |  |
| **Allergies** |  |
| **Medication** | (If learner takes regular medication in college hours, a medication form must be completed to allow staff to monitor) – please ask. |
| **Parent/Carer Consent to.** | Photograph Student Please tick …...  Student on to Website ……  Student on to Video ……  Student on to Media ……  Speech and Language therapy team involvement ……. |
| **Data Protection**  **Act 2018** | 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. |
| **Important Notes:** |  |
| **Dated:** | **Signature: Print name:** |