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| \\groundworkuk\gw01\home\angus.vinicombe\Desktop\auto-skills-logo.jpg | **Auto Skills (Reading) CIC**  **Unit 3 Green Gables**  **Tidmarsh Lane, Tidmarsh, Berkshire, RG8 8HG**  [**www.autoskillsreading.co.uk**](http://www.autoskillsreading.co.uk)  **01189 504151 / 07771 621465** | **PARTICIPANTS CONSENT FORM** |

This form should be completed by a parent or guardian and returned to a member of the Auto Skills staff **before** attending.

Auto Skills (Reading) CIC places a high emphasis on safety and will aim to see that all activities are properly organised and that all reasonable precautions have been taken concerning the safety of participants.

**Auto Skills has public liability insurance cover, but participants should take out their own personal injury insurance as this is not provided by Auto Skills.**

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| YOUNG PERSON’S DETAILS | | | | | | | | | | | | | | | | | | | |
| **First Name:** | |  | | | | | | **Last Name:** | | | | |  | | | | | | |
| **Gender:** | | **Male** **Female**  | | | | | | **Date of Birth:** | | | | |  | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | **Postcode:** | |  | | | | | | |
| **Telephone Number:** | | | |  | | | | | | | | | | | | | | | |
| **Mobile Number:** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Name of parent/carer:** | | | | |  | | | | | | | | | | | | | | |
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| EMERGENCY CONTACTS | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact 1 Name:** | | | | |  | | | | | | | **Relationship:** | | | | |  | | |
| **Telephone Number:** | | | | |  | | | | | | | | | | | | | | |
| **Mobile Number:** | | | | |  | | | | | | | | | | | | | | |
| **Emergency Contact 2 Name:** | | | | |  | | | | | | | **Relationship:** | | | | |  | | |
| **Telephone Number:** | | | | |  | | | | | | | | | | | | | | |
| **Mobile Number:** | | | | |  | | | | | | | | | | | | | | |
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| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Does your child have any conditions requiring medical treatment? | | | | | | | | | | | | | | **YES**  | | | | **NO**  | |
| Does your child take medication regularly? | | | | | | | | | | | | | | **YES**  | | | | **NO**  | |
| Does your child suffer from any allergies? | | | | | | | | | | | | | | **YES**  | | | | **NO**  | |
| Is there any other information we need? | | | | | | | | | | | | | | **YES**  | | | | **NO**  | |
| Details if answered YES to any of the above: | | | | | | | | | | | | | | | | | | | |
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| **Name of Doctor:** | | |  | | | | | | | | | | | | | | | | |
| **Name of Surgery:** | | |  | | | | | | | **Telephone Number:** | | | | | |  | | | |
| **DISABILITY** | | | | | | | | | | | | | | | | | | | |
| Does the young person consider themselves to have a disability? | | | | | | | | | | | | | | | **Yes**  **No**  | | | | |
| **If yes, what is the nature of the impairment?** | | | | | | | | | | | | | | | | | | | |
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|  | **Physical Impairment** | | | | | |  | | Learning Difficulty | | | | | | | | | | |
|  | **Hearing Impairment** | | | | | |  | | **Visual Impairment** | | | | | | | | | | |
|  | **Other, please specify:** | | | | |  | | | | | | | | | | | | |  |
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| ETHNICITY | | | | | | |
| **Which of the following best describes the young person? (Please tick one box only)** | | | | | | |
| White: | | | | | | |
|  British |  Irish | |  Any other White background | | | |
| Mixed: | | | | | | |
|  White & Black Caribbean | |  White & Black African | | | |  White & Asian |
|  Any other Mixed background | | | | | | |
| **Asian or Asian British:** | | | | | | |
|  Indian | |  Pakistani | | | |  Bangladeshi |
|  Any other Asian background | | | | | | |
| **Black or Black British:** | | | | | | |
|  Caribbean | |  African | | |  Any other Black background | |
|  **Chinese** | | | |  **Any other ethnic group** | | |
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| **PHOTOGRAPH CONSENT** | | | | | | |
| **Please tick as appropriate:**  I **do** give permission for photographs to be taken and used for publicity purposes by Auto Skills, Groundwork South or Groundwork UK, please tick here:  | | | | | | |

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| EMERGENCY MEDICAL TREATMENT CONSENT |
| I give my consent that those in charge may give permission for my child to receive medical treatment in an extreme emergency where neither emergency contact has been able to be contacted.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/guardian/carer)  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PARENTAL CONSENT |
| I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of young person) to take part in the Auto Skills program.  Do you give consent for the young person named above to go off of the Auto Skills site unaccompanied during lunch break? If yes, please note Auto Skills staff can take no responsibility for the young person while they are off of Auto Skills premises. **YES / NO**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/guardian/carer)  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **GDPR: Please note this data will be stored securely and not disclosed to any third party, other than is necessary under any legal obligation or for the registration of students with City and Guilds (awarding body for qualifications).** |