**To be completed by the Parent / Guardian**

I confirm that, in my opinion, my child is fit and the job applied for will not jeopardise their health, welfare and ability to take full advantage of their education.

|  |
| --- |
| Child’s Name: |
| Parent/Guardian Printed Name: | Dated: |
| Signature: |
| Email: | Telephone: |
| Address if different from your child: |