**Medical Information**

**Please note that this information will be provided to AGL and/or Service Stream Loy Yang A**

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| --- | --- | --- | --- |
| **Student Name:** |  | **Student Mobile Phone:** |  |
| **Address:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contacts (e.g. parent/guardians)** | | | |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical History/Information relevant to your work placement** | | | |
| **Please list any current**  **Medical Conditions**  **(including any allergies):** |  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Doctor’s Name** |  | | |
| **Doctors Phone:** |  | **Do you have Ambulance Cover** | **YES / NO** |

**PARENT/GUARDIAN to complete**

1. **Travel Arrangements**

As a parent/guardian, I accept responsibility for the applicant’s travel arrangements during the work placement period.

1. **Privacy Statement**

The information supplied in this application is provided for the purposes of application and selection for the (name of organisation) work placement program. The information will be made available to your Secondary College, Registered Training Organisation and work placement employers. I consent to the information contained in this application being provided to the above-mentioned organizations for the purpose stated.

**Parent/Guardian: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**