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| --- | --- | --- |
| **parental authorisation** | | |
| **Full name of parent / guardian:** |  |  |
| **relationship to the student:** |  |  |
| **Full address of parent / guardian:** |  |  |
| **parent / guardian telephone number:** |  |  |
| **Full name of student:** |  |  |
| **date of birth of student:** |  |  |
| **Originating country:** |  |  |
| **Final destination country:** | **United Kingdom** | |
| **TTPL Emergency Contact phone number:** | **+44 (0) 773 6814 499** | |
| **Dates of programme:** | **FROM :** |  |
|  | **TO:** |  |
| **I authorise my child named above to;**   * **participate in The Training Partnerships’ programme** * **use local transports unaccompanied** * **participate in scheduled supervised evening activities** * **go out during free time when there is no scheduled activity**   **I confirm that the information given inmy child’s unpaid work experience application form and supplementary medical form (if applicable) is correct.** | | |
| In the event of illness or accident requiring emergency treatment, I authorise a representative of The Training Partnership Ltd to sign on my behalf any written form of consent required by the hospital authorities. | | |
| **Signature of parent / guardian:** | **Date:** | |
|  |  | |