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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:** |
|  |  |