

## Emergency Contact

Welcome to your assessment day. In the unlikely event of an accident, it is important that we have the correct information for medical personnel and your emergency contact details.

Please fill in this form and return to your assessor who will keep a copy with them throughout your assessment.

## Your details

Name Date of birth Age 

## Emergency contact details

Name Telephone number 

Is anyone accompanying you at your assessment today?

Yes\* No 

\*If yes, please complete their name, contact telephone number and relationship to you if different to above.

Name Telephone number Relationship to you 

## Your medical information

Please provide any medical information which we need to be aware of such as allergies or asthma. Please let us know any medication you carry with you – our assessor would be happy to look after this during your assessment.

Please note if you submitted a medical report on booking this assessment, your assessor will have a copy of this and will be aware of any reasonable adjustments that have been made.

Medical details 

## Please sign below:

Signed Date 

Your privacy is important to us. We only keep information provided on this form for the duration of the assessment and will delete it or dispose of it securely when we no longer need it.

Please ensure you make your assessor aware if you will be leaving the venue at any time during your assessment. If you are under 16 years of age it is a condition of our assessment booking that you have a responsible adult accompanying you today.

## What's next?

Please hand this form to your assessor.

This form contains confidential information and will be confidentially disposed when you leave the assessment venue today.

