

## STUDENT DETAILS

Family name:

First name:

Preferred name:

Date of Birth:

Gender:            Male            Female

Student mobile:

Hobbies/Interests:

Nationality:

Passport Number:

Passport Expiry Date:

Visa/ BRP Number:

Visa/BRP Expiry Date:

Student email:

Guardianship Package requested:

## FAMILY DETAILS

Father's name:

Father's Mobile:

Father's e-mail:

Address

Mother's name:

Mother's mobile:

Mother's email:

Address 2 (*if parents live apart*)

Home Phone:

Home 2 Phone:

## AGENT DETAILS *(if applicable)*

Agent's name:

Agent's email:

Agent's phone:

Agent's country:

## CONTACT CORRESPONDENCE

Person(s) to contact for all correspondence:

Preferred method of correspondence:

PLEASE COMPLETE THE PERMISSIONS AND CONSENT FORM TO COMPLETE YOUR APPLICATION

## MEDICAL INFORMATION

Please tick accordingly

If you cannot be contacted, do you consent to all emergency medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified doctor, are necessary for your child's safety and well being, under the National Health Service or privately if necessary?

Yes      No

Do you consent to the administration of medication such as paracetamol, cough mixture, eye drops etc normally sold over the counter by a chemist for treatment of minor ailments (always taking into account medical information you have supplied to the guardian)

Yes      No

Does the student have any allergies or intolerances? (e.g. medication/food/dust/stings) \*

Yes      No

Please list any medical, allergy or dietary information that applies to your child

## ACTIVITY & TRANSPORT INFORMATION

Do you consent to your child travelling by any form of public transport and/or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type?

Yes      No

Do you consent to your child swimming under adult supervision?

Yes      No

Do you consent to your child taking part, under adult supervision, in water sports & fairground rides?

Yes      No

Please list any specific activities in which you do not consent to your child taking part

We have read and understood the LEM Guardianship Ltd terms and conditions. We will pay the fees in advance or on receipt of an invoice.

We have read and we understand and accept the contents of the documents referred to in the terms and conditions which explain the scope of the guardianship responsibilities and services.