

Personal information

First name:	
Last name:	
Date of birth:	
Phone number:	
Email:	

Who we should contact in case of emergency?

First name:	
Last name:	
Relationship to you:	
Phone number/s:	
Email:	

Your health

This checklist is compiled to assist us in the care and well being of the student. Please complete this either yourself or with assistance from a parent or guardian if under 16:

A. Please indicate if you suffer any of the following:

Migrane:	
Heart Condition:	
Asthma:	
Diabetes:	
Epilepsy:	
Other:	

B. Please give FULL details of any major injuries (breaks, strains, etc) or illnesses that have been suffered in the last year:

C. Are you presently taking medication? If you are, please give FULL details below: and make sure you bring it with you on the day:

D. Please specify any allergies you have and the level of seriousness (e.g. mild, life threatening, etc.)

Drugs:	
Food:	
Insects/Stings:	
Other:	

Your safety (a summary of our main terms)

You are responsible for your own safety. Here at Thompsons Wood we guide you through a basic safety training before the start of the lesson. You should wear hard wearing footwear or safety shoes. We provide the necessary PPE for our lesson (goggles, gloves, face shield, etc.)

The workshop environment involves personal risk and you must work responsibly. However, it is your responsibility to assess if you can safely attempt a technique or skill, or if a feature is within your skill level. If you are in any doubt, we strongly recommend that you do not attempt it or ask before doing so. If you are concerned that the techniques are beyond your skillset, you must tell us and, where possible, we will re-structure the session. It is up to you to make this judgement.

During the lesson(s) you must not be intoxicated or under the influence of substances or medication. Please listen carefully to this briefing and tell us if there is anything you do not understand or you are not entirely comfortable with.

By signing below, I agree that I have read the above and I understand the risks involved and that I have read and accept our full terms and conditions. This form will be safely destroyed in six/6 months and your personal data will be not be retained after that date.

Signed: \_\_\_\_\_  
(if under 16 this must be by a parent or guardian)

Date \_\_\_\_\_