



VOCATIONAL PROGRAMME

Joining Form **2017/18**



Download the 2017 Vocational Programme here: <http://www.eastrenfrewshire.gov.uk/article/1740/About-our-schools>

East Renfrewshire's Vocational Programme – JOINING FORM

PLEASE USE BLOCK CAPITAL LETTERS TO COMPLETE

PUPILS DETAILS

First Name: _____ Surname: _____

Flat or House Number: _____ Address: _____

Post Code: _____ Home Telephone Number: _____ Pupil Mobile No: _____

Date of Birth: _____ Gender: Male Female School Name: _____

Are you a disabled person? Yes No If yes, state nature of disability: _____

WHAT OPTION HAVE YOU CHOSEN – *please be specific and write the actual name of your chosen course*

CHOSEN OPTION:

EQUAL OPPORTUNITIES INFORMATION

Please tick only one of the options below which best describes your child.

I do not wish to disclose this information: White Scottish White Irish Other British Mixed Indian Pakistani
Bangladeshi Chinese Other Asian Caribbean African Other Black

Other Ethnic Background, please state (i.e. French) _____

MEDICAL INFORMATION

- a. Does your son/daughter suffer from any condition requiring medical treatment, or receive any medication? YES / NO (*please delete*)
If YES, please give brief details. _____
- b. Is your son/daughter allergic to any medication? YES / NO (*please delete*)
If YES, please specify: _____
- c. Has your son/daughter received a tetanus injection in the last five years? YES / NO (*please delete*)
- d. Please outline any special dietary requirements of your child: _____
- e. I undertake to inform East Renfrewshire's Vocational Programme as soon as possible of any changes in the medical circumstances whilst my son/daughter attends this programme.

Declaration: I agree to my son/daughter receiving medication as instructed and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I will inform East Renfrewshire's Vocational Programme if any medical circumstances are changed from the original form and if they have been in contact with any contagious or infectious diseases or suffered from anything in the four-week period prior to each programme term start date. I will also inform the school, which will in turn contact East Renfrewshire's Vocational Programme, if I do not wish my child to participate in any programme afternoon.

DECLARATION OF PARENTAL CONSENT

I, the parent/carer of the above pupil give my written consent and permission for my son/daughter to attend East Renfrewshire's Vocational Programme option as noted above. There may be field trips and/or activities and I agree in advance to my son/daughter participation.

I have received, read and understood the Programme Option Brochure and understand the qualifications and the way the programme is delivered.

I agree that my son/daughter will attend the programme and will travel to and from school by transport provided by East Renfrewshire Council (there may be some independent travel required on some options).

I understand that all East Renfrewshire's Vocational Programme and College Staff delivering training to my son/daughter have been Disclosure Scotland checked, and that all activities and facilities have been risk assessed.

I understand that East Renfrewshire's Vocational Programme will provide personal protective equipment (PPE) as necessary. Upon completion of the programme, or at any point should my son/daughter leave the programme, I agree to return any PPE issued to my son/daughter to East Renfrewshire's Vocational Programme.

Please tick if you do not want your son/daughter to have their photograph taken and used in promotional material. No

Signature (parent/carer): **X** _____ Date: _____

EMERGENCY CONTACT DETAILS

Name: _____ Relationship to pupil: _____

Work telephone: _____ Mobile number: _____ Home telephone: _____

If not available at above, please contact:

Name: _____ Relationship to pupil: _____

Work telephone: _____ Mobile number: _____ Home telephone: _____

Name, address and phone number of family doctor: _____

_____ Post Code: _____ Phone Number: _____

PUPIL DECLARATION

I, the Pupil named above, have received, read and understood East Renfrewshire's Vocational Programme Option Information. I have discussed this training programme with my school and parent/carer and agree to abide by these guidelines whilst attending East Renfrewshire's Vocational Programme.

INFORMATION SHARING

We want to be able to share information regarding your results. Processing these details may involve us speaking to other agencies e.g. Skills Development Scotland. Please sign below if you agree to sharing this information.

Pupil Signature: **X** _____ Date: _____

East Renfrewshire's Vocational Programme Personal Protective Equipment (PPE)



Name: _____

School: _____

Option: _____

Circle one of each Item Group. Specify size required if not shown.

Item 1											
Safety Boots	2	3	4	5	6	7	8	9	10	11	12
Item 2											
Polo Shirt	S 36-38"	M 40-44"	L 44-48"	XL 48-52"							
Trousers	24"	26"	28"	30"	32"	34"	36"	38"	40"	42"	44"
V-Neck Jumper	S 36-38"	M 40-44"	L 44-48"	XL 48-52"							
Chefs/Beauty Tunic	S 36-38"	M 40-44"	L 44-48"	XL 48-52"							
Item 3											
Anorak	S 36-38"	M 40-44"	L 44-48"	XL 48-52"							

You should note that you will NOT receive all of the items above and that the information given is to provide a guide to your size of clothing.

Signature: _____

Date: _____

**For further information contact:
Jillian Davis – Vocational Co-ordinator**

Phone: 0141 577 3223

Fax: 0141 577 3276

Mobile: 07966 720351

Email: Jillian.Davis@eastrenfrewshire.gov.uk

Email: Vocationalprogramme@eastrenfrewshire.gov.uk



East Renfrewshire Council is an equal opportunities authority and applications will be accepted from all regardless of ethnic origin or disability.