Health Declaration Form

Family Name	

First Name	

Date of Birth	

Student ID	

Health or medical issues may affect your ability to study successfully at the Centre. If you can provide us with details of any condition you may have, we can make sure you receive the help and support you need to complete your studies.

If you answer yes to any of the following please give brief details including dates

Have you ever had or are you suffering from:	If **YES,** please tick below	If **NO**, please tick below	If you have ticked 'YES', please give details and dates
Any significant physical or mental illness?	☐	☒	
Any episodes of depression, anxiety, stress related illness?	☐	☐	
Any prolonged periods of illness?	☐	☐	

Do you have any allergies?	☐	☐	
Are you at present on any medication?	☐	☐	
Do you have a disability or have any special needs we need to be made aware of?	☐	☐	

Please read this statement and tick the box and then sign below.

I give consent for my medical/health data to be processed by Study Group* to assess my specific requirements during my period of study and offer assistance to me where necessary. This consent may be revoked at any time by sending an email to GDPR@studygroup.com. I acknowledge that Study Group* processing of my data is further explained in the Privacy Notice for Students, which can be accessed on the website

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* 'Study Group' includes Study Group UK Limited and its subsidiaries

Date:		Signature:	