Education Guardianship UK Ltd

Medical Declaration Homestays

**Name of Homestay:**

Education Guardianship UK Ltd pays due regard to the requirements outlined in the latest version of *Keeping Children Safe in Education.* As such, we are required to verify the candidate’s mental and physical fitness to carry out their work responsibilities.

**Please answer the following:**

| I confirm that I have the physical capacity to undertake the role of homestay | YES | NO |
| --- | --- | --- |
| I confirm that I have the mental capacity to undertake the role of homestay | YES | NO |

If you have answered no to either of the statements above, please contact Louise Willis in confidence to discuss the issues.

| Do you have any medical conditions that you would like us to be aware of that may affect your ability to care for students? (Please note that having a medical condition may not necessarily affect your ability to host students) | YES | NO |
| --- | --- | --- |

Additional information may be added below, on a separate document or discussed in confidence with Education Guardianship UK Ltd*.*

|  |
| --- |

I agree to update Education Guardianship UK Ltd on any issues that may affect my ability to host students.

Education Guardianship UK Ltd will hold this information securely in confidential personnel files.

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**