



Apprentice Health Declaration Form

Hair Professionals – Hairdressing and Barbering

Due to the ongoing and rapidly changing situation with Coronavirus (COVID-19), VTCT require all apprentices involved in an End-point Assessment to complete an Apprentice Health Declaration form. This is to ensure that health and safety is paramount and to safeguard all apprentices, staff and clients.

The Apprentice Health Declaration form is to be completed by the apprentice on the day of the End-point Assessment and made available to the Apprenticeship Assessor. The centre must retain these records securely for 3 months.

Apprentice name:	
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Have you travelled abroad during 2020?	Yes		No	
If yes please provide details:	Name of area visited:			
	Dates of travel:			

Have you or any immediate family member come in close contact with a confirmed case of the Coronavirus in the last 14 days?	Yes		No	
If yes please provide details:				

Has a temperature screening check been completed on arrival? (if applicable)	Yes		No		N/A	
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Are you suffering with any of the following symptoms?	Yes	No
A high temperature – this means that you feel hot to touch on your chest or back (you do not need to measure your temperature)		
A new continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (If you usually have a cough, it may be worse than usual)		



Are you suffering with any of the following symptoms?	Yes	No
Loss or change to your sense of smell or taste – this means you have noticed you cannot smell or taste anything, or things smell or taste different to normal		

By completing this declaration, you as the apprentice acknowledges that there is still a risk of COVID-19 contamination despite the implementation of the relevant hygiene regulations and protection awareness during the End-point Assessment.

If you have answered yes to any of the above questions, the Training Provider will establish whether you are suitable to undertake your End-point Assessment.

I acknowledge that the information that I have provided is accurate and complete.

Apprentice signature:	
Date:	
Contact number:	

I can confirm that the apprentice is suitable to undertake their End-point Assessment.

Training provider signature:	
Date:	