

CITB Testing Services Parental consent form

Guidance and instructions for completing this form

- 1. Any candidate under the age of 16 wishing to take the Health, safety and environment (HS&E) test, is required to have the consent of their parent or guardian before doing so.
- 2. The candidate is also required to be accompanied to their appointment at the test centre by an appropriate adult. An appropriate adult could be a parent, guardian, carer, teacher/tutor or employer.
- 3. Failure to comply with either or both points 1 or 2 above will result in the candidate being turned away from their test and the loss of their test fee.
- 4. Section 1 of this form is to be completed by the parent or guardian of the candidate **prior** to their appointment at the test centre, and must be taken to the test centre. Only the original form is acceptable, we cannot accept faxed, scanned or photocopied documents.
- 5. Section 2 of this form is to be completed **at the test centre** by the appropriate adult accompanying the candidate.

Section 1: Parental consent for a person under the age of 16 to take a CITB test	
	pardian of the person under the age of 16 who wishes to sit est. Please complete all areas marked with an *. This form requested are missing.
I (name)*authorise CITB to register and hold	
BLOCK CAPITALS PLEASE	
*Candidate forename	
*Candidate surname	
*Candidate date of birth	
safety and environment test. I uattending for a test and this image	hold relevant data to enable candidates to take the Health, understand that a photo of my child will be taken when e will be held on record by CITB. a specialist provider of such services independent of CITB.
*Signed	*Date
*Print name	



Section 2: Record of the candidate being accompanied by an appropriate adult.

To be completed <u>at the test centre</u> by the appropriate adult accompanying the person under the age of 16 to their Health, safety and environment test.

BLOCK CAPITALS PLEASE		
*Candidate forename		
*Candidate surname		
*Name of accompanying adult		
*Signature of accompanying adult		
*Relationship to candidate		
*Date		
*Test type		
To be completed by the test administrator		
Test centre number		
Name of test administrator		