



"Inspiring hearts and minds"

KEY WORKER INFORMATION

Name of child/ren	Year Group

Please identify the adult/s with Parental Responsibility for the above-named child/ren along with the relevant Key Worker Group

PARENT ONE:

Name of adult:	Relationship to child/ren:
Does this adult have Parental Responsibility? (*Please delete as appropriate)	
YES / NO*	
Key Worker Groups (tick one):	Please record your specific job role:
<input type="checkbox"/> Health and Social Care	
<input type="checkbox"/> Education and Childcare	
<input type="checkbox"/> Key public services	
<input type="checkbox"/> Local and national government	
<input type="checkbox"/> Food and other necessary goods	
<input type="checkbox"/> Public safety and national security	
<input type="checkbox"/> Transport	
<input type="checkbox"/> Utilities, communication and financial services	
Please provide employer details:	
Employer Name _____	
Contact number _____	

Parental signature _____ Date: _____

PARENT TWO:

Name of adult	Relationship to child/ren:
Does this adult have Parental Responsibility? YES / NO* (*Please delete as appropriate)	
Key Worker Groups (tick one):	Please record your specific job role:
<input type="checkbox"/> Health and Social Care	
<input type="checkbox"/> Education and Childcare	
<input type="checkbox"/> Key public services	
<input type="checkbox"/> Local and national government	
<input type="checkbox"/> Food and other necessary goods	
<input type="checkbox"/> Public safety and national security	
<input type="checkbox"/> Transport	
<input type="checkbox"/> Utilities, communication and financial services	
Please provide employer details: Employer Name _____ Contact number _____	

What days and hours will you need your child(ren) to attend school – tick all that apply.

<i>Please only send your child/ren on days/times you are working</i>	Morning 8.55am-12noon	Afternoon 1.00pm-3.15pm	All day
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parental signature _____ Date: _____