Sable Guardians: Registration form

SABLE INTERNATIONAL

1 Section 1
Student details

First name(s)*:	
Last name*:	
	This should be as it appears on your child's passport.
Preferred name:	
	(if applicable)
Gender on passport*:	
Date of birth*:	D D M M Y Y
Nationality*:	
First language and any other languages spoken:	
INTO Centre*:	
Start date at Centre*:	D D M M Y Y
Student's email:	
Student's phone number:	
Passport number*:	
Passport expiry date*:	D D M M Y Y

Sable International: Sable Guardians
5th Floor, 18 St. Swithin's Lane, London, EC4N 8AD
T: +44 (0) 20 7759 7514 | **E:** guardians@sableinternational.com | **W:** www.sableinternational.com

2 Section 2
Family details

Please tell us anything about your child's family situation that you feel we should be aware of.

	MOTHER	FATHER
Title and first names:		
Surname:		
Date of birth:		
Nationality:		
Home telephone:		
Mobile telephone:		
Email address:		
Occupation:		
Home address:		
Business address:		

Emergency contact if parents cannot be reached:

Name:

Mobile telephone:

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3 Section 3
Medical information

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Emergencies:

If we are unable to contact you, do you give consent for your child to receive any emergency medical or dental treatment considered necessary by a qualified doctor? This may include an anaesthetic (general or local), surgery, blood transfusion, provided under the NHS or privately if required?

☐ I consent ◯ I do not consent *(we will contact you for more information)*

Minor illnesses:

Do you consent to your child being given over the counter, non-prescription medicines (e.g., pain relief) for the treatment of minor illnesses or discomfort, taking into account the medical details you have given us?

☐ I consent ◯ I do not consent *(we will contact you for more information)*

Does your child suffer from any illness or have any disability?
Please give details

☐ Yes ◯ No

Is your child allergic or sensitive to anything?
Please give details

☐ Yes ◯ No

Does your child have any dietary preferences or restrictions?
Please give details

☐ Yes ◯ No

Does your child have travel sickness?
Please give details

☐ Yes ◯ No

Does your child have asthma?
Please give details

☐ Yes ◯ No

Does your child have any psychological or mental health conditions?
Please give details and discuss with us any additional support which might be required.

☐ Yes ◯ No

Does your child take any medication?
Please give full details including dosages.

☐ Yes ◯ No

4 Section 4
Confirmation

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By submitting this form, I confirm that:

Guardianship Fees

- ✓ I agree to pay the guardianship fees for the period determined, according to my child's age, by INTO University Partnerships Group of Companies which includes the international study centre or INTO centre where my son/daughter is studying
- ✓ I understand that fees are charged in line with the Guardianship Agreement.
- ✓ I understand that fees are non-refundable unless stated in the Agreement

Guardianship Agreement

✓I understand that I can view a copy of the full Guardianship Agreement here.

✓I confirm that I have read the Agreement and agree to follow it.
✓If significant additional costs are incurred on behalf of my child, I agree to pay these costs.
✓Sable Guardians will inform me as soon as possible if additional charges are expected.

Personal Information and Safeguarding

- ✓ I give permission for Sable Guardians to collect and securely store personal information about my child and our family.
- ✓ I understand this may include sensitive information, such as medical details.
- ✓ This information will only be used to support my child, meet legal requirements, and protect their safety and wellbeing.

4. Sharing Information

- ✓ I understand that important information may be shared, when necessary, with:
  - INTO University Partnerships Group of Companies which includes the international study centre or INTO centre where my son/daughter is studying
  - medical professionals
  - emergency services
  - other appropriate 3rd parties
- ✓ This will only be done to support my child or to meet safeguarding and legal responsibilities.

5. Accuracy of Information

- ✓ I confirm that the information I have provided is correct.
- ✓ I agree to tell the organisation if there are any important changes.

Parent's signature:

Name: (please print)

Date:
