**CONSENT FORM**

**Work Shadowing Visit to Schwäbisch Hall**

**19 to 26 October 2019**

Student’s name: *Student’s Name*

Legal guardian’s name: *Legal Guardian’s Name*

Full Address: *Address*

Telephone number: *Telephone number*

[ ]

I declare that my child has my consent to participate in the work-shadowing week in Schwäbisch Hall, Germany, from 19 October to 26 October 2019.

[ ]

I agree that my child might receive first aid or urgent medical treatment during the trip.

[ ]

I agree that pictures might be taken of my child during the trip that might be published later on the website of the Goethe-Institut London or on social media accounts of the Goethe-Institut London.

[ ]

I agree that once the internship has been offered and accepted I have 14 days to cancel. A cancellation after this 14 day period will result in the participant’s guardian being invoiced for the flight costs for the programme.

Date: *Date*

Signature of the legal guardian: *Signature*