



**Children's Trauma Option Personal statement**

**9 Have you been advised by a health professional that the child is obese or underweight?**

No  Yes

**10 Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation (eg x-ray, blood test) or treatment including surgery for the child?**

No  Yes

**11 Has the child ever had, is currently waiting for a result of, or is considering having a genetic test?**

No  Yes

Note: You do not have to provide a result if the child was or is taking part in a medical research project or trial and hasn't been or will not be provided with their individual result.

**12 Have any of the child's mother, father, brothers or sisters suffered from heart disease, stroke, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy or any other inherited disease?**

No  Yes

Note: You are only required to disclose family history information relating to first degree blood related family members – living or deceased (mother, father, brothers and sisters).

If you answered 'Yes' to any of the questions 6 to 12 please provide details in section 13.

**13 Details for 'YES' answers for questions 6 to 12 of the Personal statement**

Q. No	Date	Details of illness or injury including nature of treatment	Name and address of doctor consulted	Degree of recovery (%)
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

**14 Signature(s) of parent/guardian**

Signature of parent/guardian

Signature of parent/guardian

Date signed


 /  / 

**15 Adviser comments**

