

November 2017

Dear Parent/Carer

### NTU Computer Science Conference

There is an opportunity for some of our Year 12 and 13 Computer Science and ICT students to attend a taster day at Nottingham Trent University on Friday 15 December 2017. This will provide students with context and knowledge relevant to their A Level courses, to both inspire and support the teaching of Computer Science.

There will be a choice of **six** sessions to attend. Students can choose two to attend in the morning and two in the afternoon. Each session will run for 45 minutes. Places for each session are limited and therefore students cannot be guaranteed to get their first choice. The sessions available are:

- Introduction to Artificial Intelligence
- Object-oriented programming
- Programming games
- App creation
- The NAO robots
- Networks

The day will start with an introduction to computing at university, explaining the difference between the courses students can choose from and what their options are. The plan for the day is as follows:

9.30am	Registration
10.00am-10.15am	Introduction - welcome to NTU. What computing courses can you take at University? What is the difference between the courses
10.15am-11.00am	Session 1
11.05am-11.50am	Session 2
11.50am-12.45pm	Lunch (not provided), informal opportunity to talk to computer staff
12.45pm-1.30pm	Session 3
1.35pm-2.20pm	Session 4
2.20pm-2.30pm	Opportunity to ask questions and provide feedback

We will be leaving school at approximately 8.30am via minibus, and will return at approximately 3.35pm depending upon traffic. There is no charge for this trip however places are limited and will be allocated on a first come first served basis. If your child wants to go on this trip, please complete, sign and return the attached Parental Consent Form to reception as soon as possible.

If you have any questions please contact me at school or at [m.butler@heanorgate.derbyshire.sch.uk](mailto:m.butler@heanorgate.derbyshire.sch.uk)

Yours sincerely

Miss M Butler  
Trip Leader



**HEANOR GATE SCIENCE COLLEGE  
TRIP CONSENT, CONTACT  
AND MEDICAL FORM**



Please complete and return to Student Reception

**PLEASE COMPLETE ALL SECTIONS**

Student's name		RG	
Trip / Visit to	Nottingham Trent University		
Cost	£ free		
Date(s) From	Friday 15 December 2017	Teacher in charge	Miss M Butler
Times	Leaving school at 8.30am, returning at 3.35pm approximately, depending upon traffic		

*Please mark with ✓ if appropriate :*

**Student Contact Details**

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

<b>Alternative contact</b>	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

**Medical Information**

Name of doctor		Tel no	
Address of surgery			

*Please delete as appropriate*

Does your child suffer with a medical condition that requires regular treatment?	<b>Yes</b> continue below	<b>No</b>
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

*Please delete as appropriate*

I would like to discuss my child's medical condition with trip leader	YES NO
My child has an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

**Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.**

**Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.**

I give authorisation for my child to keep an inhaler with them and use it as required <i>(Please delete as applicable)</i>	YES NO
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### **Dietary Information**

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details)</i>	YES NO

### **Additional Information**

Please include any additional information as required

<b>Photography/Video</b> - Please tick the box if you <b>DO NOT</b> give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	
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### **Declaration by Parent/Carer (or student if over 18)**

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			