

January 2018

Dear Parent/Carer

As part of our drive to encourage students to start thinking about their further education as early as possible, all students in Year 7 are being given the opportunity to attend a university or college on our second Immersion day on **Tuesday 6 February 2018**. This experience is free of charge as the school recognises that all students should be able to have an insight into further education in order to be able to plan their own future pathways.

Your child has been invited to attend a workshop at **The University of Nottingham**. The trip will leave school at **8.50am** and will return to school for **3.15pm**. During the day students will embark on a tour around the university with student ambassadors, learning about life at university from current students and given the opportunity to participate in workshops looking at choices and common misconceptions about university.

Students will need to wear their full school uniform and bring a packed lunch. If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.**

If you would like your child to have the opportunity to experience what The University of Nottingham has to offer them, please complete, sign and return both of the attached Parental Consent Forms to reception as soon as possible.

Yours sincerely

A handwritten signature in black ink that reads "K. Pearse". The signature is written in a cursive style with a period at the end.

Kayleigh Pearse
Achievement Leader for Y7



**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	Year 7 trip to The University of Nottingham		
Cost	£ free		
Date(s) From	Tuesday 6 February 2018	Teacher in charge	Kayleigh Pearse
Times	Leaving school at 8.50am, returning at 3.15pm	My child is entitled to free school meals and I would like to request a packed lunch	

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			

Alternative contact	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?	Yes continue below	No
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

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

Photography/Video - Please tick the box if you DO NOT 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			

Parental / Carer Consent Form

Dear Parent / Carer,

Your child / dependant may have the opportunity to take part in university visits, mentoring programmes, summer schools, subject tasters, revision classes and a whole range of other rewarding activities.

To make sure these activities are useful and effective for young people, we need to gather certain information which we use purely for research purposes. We would be really grateful if you could take a few minutes to complete this consent form in CAPITALS and return it to your child / dependant's school.

The information collected on this form will be used for research purposes only.

Student Name:			
Date of Birth: <i>(DD/MM/YY)</i>		Year Group:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Home Address:			Home Postcode:
Email:			
School / College:			

Parental/carer occupation (we would like to know the following information for research purposes only)

What is the occupation of the highest earning parent/carer currently living in the household (please state)?

Educational background of parents/carers

Have any of your child/dependant's parents or carers been to university or taken a degree? Yes No Don't know

Free School Meal eligibility

Has your child/dependant been eligible for Free School Meals at any time in the last six years? Yes No Don't know Prefer not to say

Has your child/dependant been in care?

Please select Yes if:

- Your child/dependant has spent any time living in public care as a looked after child, including: in local authority care and living with foster carers or in a children's home
- Your child/dependant has been 'looked after' at home under a home supervision order in Scotland

Please select No if:

- Your child/dependant has not spent time in care.

Please note this does not refer to time spent working in a care or healthcare setting or if your child/dependant is or has been a carer for a relative.

If you have answered 'Yes' to the question above, please indicate the total length of time your child/dependant has been in care:

Less than 3 months 3 months to a year 1 to 3 years More than 3 years

Do you consider your child/dependant to be a young adult carer?

Please select Yes if:

- They are a young person who cares, unpaid, for a family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Yes No

Student Ethnicity (please tick)					
White - English/Welsh/Scottish/Northern Irish/British Irish	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	Black - African	<input type="checkbox"/>
White - Gypsy or Irish Traveller	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Arab	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other ethnic background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Student Disability (please tick)					
No known disability	<input type="checkbox"/>	Deaf/hearing impaired	<input type="checkbox"/>	Unseen disability	<input type="checkbox"/>
Wheelchair user/mobility impaired	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>	Other disability	<input type="checkbox"/>
Blind/visually impaired	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Specific Learning Difference e.g. Dyslexia, Dyspraxia or Dyscalculia	<input type="checkbox"/>	Autism/Asperger's	<input type="checkbox"/>		

Photography and Video

Universities in the Midlands sometimes use photography/video filming for publicity purposes. We would like your permission to photograph/video your child/dependant for possible use in our publications, website, social media platforms and other publicity material. They may also be used by our partner organisations (noted below) with our permission. The image(s) will remain the property of the university providing the activity and will be used for the sole purpose of promoting similar activities.

I give permission*/do not give permission* for photographs and/or video to be taken of my child/dependant for the purposes stated above.

(*please delete as appropriate)

Further Contact

From time to time we may send information to you or your child/dependant that we feel is useful, including university/education information or more opportunities to take part in activities. We may also wish to make contact for further research purposes.

I agree*/do not agree* to me or my child/dependant being contacted by the partners mentioned below.

(*please delete as appropriate)

Data Protection

In order to ensure that our activities are effective and reaching the right people, we collect and analyse statistical information, including information about your child/dependant's ethnicity and disability statement. We may share the data held on this form with one or more of the following receiving organisations:

- partner Higher Education providers in the Midlands,
- the Higher Education Funding Council for England (HEFCE),
- the Universities and Colleges Admissions Service (UCAS),
- the Higher Education Statistics Agency (HESA),
- the Department for Education (DfE),
- Higher Education Access Tracker (HEAT) service subscribers,
- the National Data Service,
- your child/dependant's school or college,
- the Centre for Evaluation and Monitoring (CEM),
- the school or college's Local Authority

EMWPREP and the receiving organisations may then link data from this form to additional educational data about your child / dependant (including DfE attainment data held on the National Pupil Database, UCAS records and/or HESA student records). We may access this data and use it to monitor the impact of our activities.

Any personal data we collect will only be shared with the partners mentioned above, all research publications will be anonymised and the data will not be used for any other purpose. Data will be processed in accordance with the Data Protection Act 1998. For more information, please see www.legislation.org.uk or call 01509 223462.

PLEASE COMPLETE THE INFORMATION BELOW

Name of parent/carer:

Relationship to child/dependant: Date:

Signature of parent/carer:

If you do not give your consent for the information collected on this form to be used in the above mentioned research, then please tick this box.

Thank you for completing this form. If you have any questions or would like further information, please contact the Widening Participation Research and Evaluation Co-ordinator on 01509 223462 or by emailing E.Church@lboro.ac.uk