

Parental Consent Form  
Going Places Summer Project 2021



<b>PLEASE COMPLETE AND RETURN THIS FORM TO :</b>	<b>Linda Abbott, The Bulwell Academy</b>
<b>BY:</b>	<b>Tuesday 29 June</b>

STUDENT'S DETAILS (Capital letters please)			
Student Name		Current school	Date of Birth
Home Address			Postcode

Please tick the days you wish your child to attend (sessions are 10am to 2pm):			
Monday 9 August	<input type="checkbox"/>	Thursday 12 August	<input type="checkbox"/>
Tuesday 10 August	<input type="checkbox"/>	Friday 13 August	<input type="checkbox"/>
Wednesday 11 August	<input type="checkbox"/>		

CONSENT	
<p>*The data collected on this form will be shared with Nottingham Trent University (NTU) as your child (or dependent) has been identified as potentially benefitting from the NTU outreach programme. For more information about NTU programmes please visit: <a href="http://ntu.ac.uk/about-us/the-centre-for-student-and-community-engagement/parents">ntu.ac.uk/about-us/the-centre-for-student-and-community-engagement/parents</a></p> <p>NTU will use the information provided on this form to help find out the impact of their outreach programme. Proving the impact of the outreach programme means NTU can seek further funding to directly improve and expand the activities they provide to young people. Rest assured your child's name or personal details will never be put in any reports or publications. You can read the Privacy Notice here: <a href="http://ntu.ac.uk/data/assets/pdf_file/0028/1397125/CenSCE-Privacy-Notice-06.05.21.pdf">ntu.ac.uk/data/assets/pdf_file/0028/1397125/CenSCE-Privacy-Notice-06.05.21.pdf</a></p>	
I / We consent to my son/daughter taking part in the Going Places Summer Transition project and to information collected on this form being shared with NTU (as stated above*)	YES <input type="checkbox"/> NO <input type="checkbox"/>
I / We understand that a high standard of behaviour and responsibility will be expected at all times, any child who does not meet this standard may be asked to leave the programme	YES <input type="checkbox"/> NO <input type="checkbox"/>
I / We consent to my son/daughters photograph being taken during these activities, and for those photographs to be used as publicity materials (including social media) for The Bulwell Academy, Bulwell EAZ or NTU.	YES <input type="checkbox"/> NO <input type="checkbox"/>
In the future NTU may carry out further research on the activity your child has taken part in. Do you give permission for NTU to undertake further research on the impact of the outreach programme through The Bulwell Academy? This may involve your child taking part in a focus group at school or filling in a short survey. The information NTU collect will be kept confidential and all names will be anonymised.	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Parental Consent Form  
Going Places Summer Project 2021**



OTHER				
Have any of your child's parents studied at a university or taken a degree?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
Has your child been eligible for Free School Meals at any time in the last 6 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
Is your child in care or do they have experience of being in care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
Do you consider your child to be a young carer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>
Does your child have a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>

**ETHNIC GROUP:** Please tick your child's ethnic group below.

Asian/Asian British - Bangladesh	Asian/Asian British - Indian	Asian/Asian British - Pakistan
Asian/Asian British – African	Asian/Asian British - Caribbean	Chinese/Other Ethnic - Chinese
Mixed – White & Asian	Mixed – White & Black African	Mixed – White & Black Caribbean
Other Asian Background	Other Black Background	Other Ethnic Background
Other Mixed Background	White	Don't know
		Prefer not to say

MEDICAL INFORMATION	
Does your child have any medical issues / requirements of which staff need to be aware during this activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have answered YES to the above question, please give brief details below. This should include details of medication, special dietary needs or other medical information which relate to your child.	
Is your child allergic to any medication, plasters, dressings etc?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have answered YES to the above question, please specify allergy below.	
Has your child received a tetanus injection in the last ten years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSENT FOR EMERGENCY MEDICAL TREATMENT	
I agree to my child receiving emergency medical treatment including dental and anaesthetic, as considered necessary by the medical authorities	YES <input type="checkbox"/> NO <input type="checkbox"/>



<b>EMERGENCY CONTACT DETAILS</b>
In the event of an emergency, you will be contacted as soon as possible by the School. So that this can be done quickly, we need to have up-to-date details of possible contacts. <b>If you change your contact landline / mobile phone number, please let the school know as soon as possible.</b>

<b>First Parent / Carer Contact Details</b>								
Title (Mr/Mrs/Ms/Dr)	First Name			Surname				
Relationship to Child?	Mother		Father		Step Mother		Step Father	Other
Home Phone				Work Phone				
Mobile				Tick if this person has parental responsibility				
Email								

<b>Second Parent / Carer Contact Details</b>								
Title (Mr/Mrs/Ms/Dr)	First Name			Surname				
Relationship to Child?	Mother		Father		Step Mother		Step Father	Other
Home Phone				Work Phone				
Mobile				Tick if this person has parental responsibility				
Email								

<b>MARKETING PREFERENCES</b>	
Would you and/or your child like to receive further information from NTU (either in the post or to your email address)? This could be information about other related activities that may be of interest, further research related to our programmes, future education options and details of events run by NTU?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have selected 'Yes' above, please tick your preferred option/s for receiving information.	EMAIL <input type="checkbox"/> POST <input type="checkbox"/>
If you have selected 'Email' above, please provide the Email address for use by NTU	

Parent / Carer Signature: ..... Date: .....

Parent / Carer Name & Relationship to student .....