



<u>Care Leaver Summer School</u> <u>University of Greenwich, Medway Campus, ME4 4TB</u> <u>03 – 05 July 2018</u>

Student Information

(Please complete in block capitals using blue or black ink)

Name								_
Home address								_
Mobile no				Home tel				_
Email (please print)								
Date of birth								_
Gender	Male	Female						
Year Group	11	12	13	FE FE				
Do you consider yourself to ha	ave a disability?	Yes			No			
This information will help us to	o provide the most a	ippropriate se	rvice for your r	needs				
If yes, what is the nature of yo	our disability?							
Which ethnic group do you be	long to?							
Other Asian bacl	ritish / Pakistani ritish / Bangladeshi		Mixed White Other mixed b Black or Black Black or Black Other Black b Chinese	oackground British / Caribb British / Africa	bean n			
Name of Social Worker							_	
Daytime contact telephone nu	umber						_	
Email (please print)								





Medical Information & Special Requirements

Doctor's Name:
Address:
Telephone:
Please provide details of any disabilities or illnesses and details regarding any medication where relevant:
Please provide details of any special requirements (e.g. diets, access needs, faith requirements):
Please give details of any other information that University of Greenwich staff should be aware of:
Parent / Carer Information and Consent (To be completed by your Parent / Carer, in block capitals)
Name of Parent / Carer
Daytime contact telephone number
Mobile no
Email address (please print)
Have either Parents / Carers studied and gained a higher education qualification at either college or university?
Yes No No As we will be providing transport for the student to get to and from the Medway Campus, please confirm below, the address to be picked-up / dropped-off at:
PICK-UP ADDRESS





Consent Form

Please read the information below:

The University of Greenwich is responsible for the welfare of your son/daughter while he/she is attending the course. As parents/carers, you are responsible for the welfare of your son/daughter up to the handover point at the beginning of the course and again from the handover point at completion of the course. If your son/daughter is allocated a place, the University of Greenwich will contact you with details about these handover points and travel arrangements.

Data Protection

The information has been provided in this form is confidential and will be treated in accordance with the Data Protection Act (1998). Only organisations that require the information for the funding, delivery, evaluation and tracking of the Summer Schools Programme, the student's school / college and the Higher Education Statistics Authority will be given access to the data. We will NOT use the data provided in this form for marketing purposes.

Please note: Due to both the Data Protection Act (1998) and child protection policies, only the parent / carer who has signed the form can be given access to the data provided.

Consent for photography and filming

During the visit, photographs and video filming may be taken of your child/ward. These materials may be used in the future to promote the Higher Education Summer Schools.

Please complete and sign the following consent form which gives permission for such materials to be produced and used if you consent to photographs or videos being taken.

Declaration (to be signed by Parent / Carer if under 18 years or the student if over 18 years)

I have checked the information within this form and to the best of my knowledge it is correct and true.

I have read the information above and understand that I will be responsible for my son / daughter up to the handover point at the beginning of the course and again from the handover point at the completion of the course.

I give permission for my child to attend the Summer School.

I have checked the information within this form and to the best of my knowledge it is correct and true.

I hereby consent to any recording of myself /son/daughter/ward on videotape, film or audiotape, digital medium or otherwise. I authorise the use of such recordings for any proper and legitimate educational or commercial purposes.

I further agree that you may use my name / my child's name, likeness and biography for the purpose of promoting the programme.

Signature

(Parent / Carer if under 18 years or student if over 18)

Print Name

Date





School / College Information

(To be completed in Block Capitals)

Name of Teacher / Mentor									 	 	 	 	 	 		
Full name of School / College									 	 	 	 	 	 		
School / College Address									 	 	 	 	 	 		
Telephone number									 	 	 	 	 	 		
Email address										 	 		 	 		
Name and contact number of Child	Prote	ectio	n Off	icer	(if a	pplic	able	e)								-

Eligibility

The student must have the potential to proceed to Higher Education and must be in either year 12 or above. To help us determine this student's eligibility for the scheme, please tick any one of the following factors which apply:

Looked – after child / Care Leaver
Disability
Lives in a deprived geographical area
No parental / carer experience of Higher Education
School / College has lower than average HE participation
Other supporting factors (please state below)

If the student has a disability, are there any special provisions which need to be made during the application process?

I have checked the details in the application form. I confirm they are correct and I support this application.

Signature of Teacher / Mentor

Print name

Date

Once you have checked that all the sections have been completed, please send this application form to the address below.

Will Calver Widening Access Consultant University of Greenwich Room Fry 007 Southwood Site Avery Hill London, SE9 2UG

Tel: 0208 331 9282 or Email: w.calver@gre.ac.uk