





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:

**(To be completed by your Parent / Carer, in block capitals)**

Name of Parent / Carer \_\_\_\_\_

Daytime contact telephone number \_\_\_\_\_

Mobile no

Email address (please print)

[illegible]

Have either Parents / Carers studied and gained a higher education qualification at either college or university?

Yes ☐ 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)

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Print Name

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Date

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