



# <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   |              |   |     |       |   |    |  |   |   |      |  | <br> |  | _ |
| Home address   |              |   |     |       |   |    |  |   |   |      |  |      |  | _ |
|  |              |   |     |       |   |    |  |   |   | <br> |  | <br> |  | _ |
| Mobile no  | Home tel     |   |     |       |   |    |  |   |   |      |  |      |  |   |
| Email (please print)   |              |   |     |       |   |    |  |   |   |      |  |      |  |   |
| Date of birth  |              |   |     |       |   |    |  |   |   | <br> |  | <br> |  | _ |
| Gender   | ☐ Mal        | e | ☐ F | emale | 9 |    |  |   |   |      |  |      |  |   |
| Year Group   | 11           |   |     | 12    | [ | 13 |  | F | E |      |  |      |  |   |
| Do you consider yourself to have a disability?  Yes  No  This information will help us to provide the most appropriate service for your needs  |              |   |     |       |   |    |  |   |   |      |  |      |  |   |
| If yes, what is the nature of your disability?   |              |   |     |       |   |    |  |   |   |      |  |      |  |   |
| Which ethnic group do you  | ı belong to? |   |     |       |   |    |  |   |   |      |  |      |  |   |
| White / British White / Irish White / Other Asian or Asian British / Pakistani Asian or Asian British / Bangladeshi Other Asian background Mixed White & Asian Other mixed background Black or Black British / Caribbean Black or Black British / African Other Black background Other Asian background Chinese Mixed White and Black Caribbean Other ethnic background. Please state: |              |   |     |       |   |    |  |   |   |      |  |      |  |   |
| Name of Social Worker  |              |   |     |       |   |    |  |   |   |      |  | _    |  |   |
| Daytime contact telephone number   |              |   |     |       |   |    |  |   |   |      |  |      |  |   |
| 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) | <br> |
| Print Name   | <br> |
| 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 Protection Officer (if applicable) \_ 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