**Care Leaver Summer School**

**University of Greenwich, Medway Campus, ME4 4TB**

**02 – 04 July 2019**

**Section 1 Student (Participant) Information**

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

Name:

Home address:

Mobile no: Home telephone number:

Email (please print)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Date of birth:

Gender Male Female

Year Group 11 12 13 FE

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Which ethnic group do you belong to?

|  |  |  |  |
| --- | --- | --- | --- |
|  | White / British |  | Mixed White & Black African |
|  | White / Irish |  | Mixed White & Asian |
|  | White / Other |  | Other mixed background |
|  | Asian or Asian British / Indian |  | Black or Black British / Caribbean |
|  | Asian or Asian British / Pakistani |  | Black or Black British / African |
|  | Asian or Asian British / Bangladeshi |  | Other Black background |
|  | Other Asian background |  | Chinese |
|  | Mixed White and Black Caribbean |  | Other ethnic background. Please state: |

Name of Social Worker:

Telephone number of Social Worker:

Social Worker Email (please print)

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**Section 2- 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):

**Section 3- Parent / Carer Information**

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

Name of Parent / Carer:

Daytime contact telephone number:

Mobile no:

Email address (please print)

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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** |  |

**Section 4- Parent/ Carer Consent Section**

Please read the information below:

The University of Greenwich is responsible for the welfare of your son/daughter/foster child while he/she is attending the Care Leaver Summer School. As parents/carers, you are responsible for the welfare of your son/daughter up to the handover point at the beginning of the School and again from the handover point at completion. If your son/daughter/foster child is allocated a place, the University of Greenwich will contact you with details about these handover points and travel arrangements, **week commencing 24th June 2019**.

Data Protection

The information that has been provided in this form is confidential and will be treated in accordance with the Data Protection Act (DPA) 2018. The information in this form will not be shared with any external organisations and it will only be used for safeguarding, health and safety and communication purposes in the event that a parent, carer or local authority need to be contacted in the event of an emergency.

At the end of the summer school we will give all summer school participants the opportunity (not compulsory) to share their data (name, address, date of birth, postcode, ethnicity and disability information), which will be used by the University of Greenwich to send the student course related information. For more information about how we will handle their data, please see our Prospective Student Privacy Notice which can be found on our website by using the following link:

<https://docs.gre.ac.uk/__data/assets/pdf_file/0003/1582446/Prospective-Student-Privacy-Notice.pdf>

Please note: Due to both the Data Protection Act (2018) and child protection policies, only the parent / carer who has parental responsibility for the young person named on this application form can sign the consent below.

**Declaration and consent to attend (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 consent for my child/foster child to attend the Care Leaver Summer School 2019, and for the University of Greenwich to hold the data/information contained in this form until the Summer School is completed.

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

Signature

(Parent / Carer if under 18 years or

student if over 18)

Print Name:

Date:

**Section 5- 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:

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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 11 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) |
|  |  |

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

Our school/college (stated above) give consent for the applicant stated in Section 1, to be released from school/college to attend the Care Leaver Summer School on 2nd - 4th July 2019

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**