School of Physics and Astronomy Masterclass Application and Parental Consent



UNITED KINGDOM · CHINA · MALAYSIA

Please indicate which masterclass you are applying for Particle Physics and Cosmology OR Nano and Beyond

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Student Details Name	e-mail	
Current 6 th Form/FE College		
Disabilities / additional needs		
Details of any dietary requirements.		
Emergency Contact Details		
Name of emergency contact	Relationship to s	tudent
Telephone number		
Consent Please read the following statements and circle	e the appropriate response	
* In the unlikely event of an accident, I give my consent for my child to receive	ve emergency first aid.	Yes / No
* I understand that the University of Nottingha photography and/or film. (Any photographic or University for their own publicity. Students' na	r film images will remain the	e property of the
I give my consent for my child to appear in the	ese images.	Yes / No
Travel * I understand that it's my responsibility to en masterclass meeting point on the University Pa	-	to and from the
Returnable Deposit *I will provide a £10 deposit¹ with the application	ion which will be returned o	n attendance.
I understand and agree to the above and hereby give my consent for my child to attend the University of Nottingham masterclass.		
Signature of parent/guardian	Da	nte
Name of parent/guardian		
1. Please enclose a cheque made payable to "The University of Nottingham"		

Please return completed form with £10 deposit to Mr Chris Staddon Outreach Officer School of Physics & Astronomy University Park, Nottingham, NG7 2RD e-mail chris.staddon@nottingham.ac.uk