

## REGISTRATION FORM WITH PARENTAL CONSENT

University of Nottingham Connect Day

Wednesday 8<sup>th</sup> April 2019

**Closing date for registering is Monday 9<sup>th</sup> March 2020.** Please complete all **3 pages** of this form in black or blue ink and print clearly and return via email to [poppy.james@smallpeicetrust.org.uk](mailto:poppy.james@smallpeicetrust.org.uk) or to the address seen below in the footer.

Scholar's Name		Male/Female	DoB	
Scholar's 5 digit ID number				
Nationality				
Address (with postcode)				
Email address				
<input type="checkbox"/> Please tick if you are happy for your email address to be circulated to all the Scholars attending in advance.				
Mobile No.				
If you are allocated a place on this event would you require accommodation for the night of Tuesday 7th April? You are not making a booking here; details will be sent if you tick yes			<input type="checkbox"/> YES <input type="checkbox"/> NO	

As detailed on the flyer please detail your workshop choices.	
1 <sup>st</sup> choice	
2 <sup>nd</sup> choice	
3 <sup>rd</sup> choice	

Full name of parent/Guardian			
Address if different to above			
In an emergency how can your parent/guardian be contacted?	Home		
	Work		
	Mobile		
	Email		

<b>School's permission to attend.</b> If the event falls during school term time, and you are a Boarder, this section must be completed by your Head Teacher or his/her deputy.			
Name		Position	
School			
Telephone			

## HEALTH FORM

Please provide as comprehensive information as possible.

MEDICAL/SPECIAL CONDITIONS	Y/N	PLEASE GIVE DETAILS
Allergy to food / medication / other		
Illness or medical condition e.g. diabetes, asthma		
Disability e.g. mobility, visual impairment		
Any special dietary requirements		
Please give details of regular medication		
Please outline the type of pain/flu relief medication your child may be given if necessary		
Any further relevant information e.g. ADHD, Autism, Asperger's, prone to home sickness, unusual eating or sleeping habits, behaviour, observing Ramadan etc		

If any of the above information changes or your son/daughter/ward comes in to contact with any contagious or infectious diseases or suffers from any illness prior to the CONNECT Day, please contact us immediately.

### BOTH THE PARENT/ GUARDIAN AND SCHOLAR MUST SIGN THE FORM IF THE SCHOLAR UNDER 18 YEARS OLD.

#### PARENT/GUARDIAN CONSENT

I give consent for my son/daughter/ward to attend the course. I understand that while the organisers (and its employees, contractors and agents) will take every reasonable care, they cannot be held responsible for any loss, damage or injury caused or suffered to my child arising from the course, save where personal injury is caused by their negligence.

#### PARENT/GUARDIAN PERMISSION

I agree to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In the event of a medical emergency, every effort will be made to contact the next of kin.

PARENT/GUARDIAN SIGNATURE..... DATE .....

FULL NAME (BLOCK CAPS) .....

SCHOLAR SIGNATURE..... DATE.....

FULL NAME (BLOCK CAPS) .....

**All information is private and confidential and is held in accordance with the Data Protection Act 2018. A copy of this form shall be retained by the course organiser for the duration of the course and used in the case of an emergency. A copy shall also be retained at The Smallpeice Trust. Information will only be shared with relevant teaching and medical staff.**

Please note that if the scholar is under 16 years old the parent/ guardian must complete this Media Consent Form.

<b>MEDIA CONSENT</b>	
<i>Photograph and video images might be taken throughout the course and the image(s) and/or voice, speech and names may be used by The Smallpeice Trust, its partners and others.</i>	
I give permission for my photograph to be used by The Smallpeice Trust and its partners for display purpose	<input type="checkbox"/>
I give permission for my photograph to be used by The Smallpeice Trust and its partners within printed publications	<input type="checkbox"/>
I give permission for my photograph to be used on The Smallpeice Trust and its partners website	<input type="checkbox"/>
I give permission for my photograph to be used on The Smallpeice Trust and its partners social media pages	<input type="checkbox"/>
I give permission for my voice to be used on The Smallpeice Trust and its partners website	<input type="checkbox"/>
I give permission for my voice to be used on The Smallpeice Trust and its partners social media pages	<input type="checkbox"/>
I give permission for videos of me to be used on The Smallpeice Trust and its partners website	<input type="checkbox"/>
I give permission for videos of me to be used on The Smallpeice Trust and its partners social media pages	<input type="checkbox"/>
I give permission for my full name to be used on The Smallpeice Trust and its partners promotional literature	<input type="checkbox"/>
I give permission for my first name to be used on The Smallpeice Trust and its partners promotional literature	<input type="checkbox"/>

Signed:

Dated:

***The Smallpeice Trust will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform The Smallpeice Trust immediately.***