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| **Activity Name** |  | | | | **RW Main Target** | |  |
| **Date/s** |  | | **Start time** |  | **Duration** |  | |
| **Audience**  **(KS2,3,4,5, FE Adult, FL)** | |  | | **Venue/s** |  | | |

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| **Child / Participant’s name** | | | |  | | | | | | | | | | | |
| **Date of birth e.g. 30/05/1974** | | | | |  | | **Gender** | | | | | | | | |
|  | | | | | **Male** |  | **Female** | |  | | **Prefer not to say** | |  |
| **Home Address** |  | | | | | | | | | | **Postcode** | | |  | |
| **Emergency Contact 1 Name** | | |  | | | | | | | **Telephone Number** | |  | | | |
| **Emergency Contact 2 Name** | | |  | | | | | | | **Telephone Number** | |  | | | |
| **Unique Learner Number** | |  | | | | **School / Organisation** | | |  | | | | | | |

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| **Does your child /the participant have any medical conditions that we need to be aware of?** | | | | | | | |
| **If so please specify:** |  | | | | | | |
|  | | | | | | | |
| **For catered events, does your child / the participant have any special dietary requirements?** | | | | | | | |
| **If so please specify:** |  | | | | | | |
|  | | | | | | | |
| **Does your child / the participant have a Disability?** *Please insert an X into the appropriate box* | | | | | | | |
| No disability | |  | Hearing impairment | | | |  |
| Long standing illness or health condition | |  | Learning disability | | | |  |
| Physical impairment | |  | Mental health condition | | | |  |
| Vision impairment | |  | Other | | | |  |
| Please provide further details about the disability, these will be used to support your child / the participant. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Do you consent to your child being given paracetamol should the need arise?** | | | | **Yes** |  | **No** |  |
|  | | | | | | | |
| **Does your child /the participant require any special arrangements regarding access?** | | | | | | | |
| **If so please specify:** |  | | | | | | |

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| **Ethnic Origin**  (Indicate using an X, please note this question is **optional** and will only be used for equality monitoring purposes.) | | | | | |
| White - British |  | Asian – Pakistani |  | Other Mixed Background |  |
| White - Other |  | Asian - Bangladeshi |  | Mixed White & Black Caribbean |  |
| Black – Caribbean |  | Other Asian Background |  | Mixed White & Black African |  |
| Black – African |  | Chinese |  | Other Black Background |  |
| Asian - Indian |  | Irish Traveller |  | Mixed White & Asian |  |

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| **Parental Permission and Data Protection Statement** | | | | | | | | | | |
| The information you give on this form is confidential and will be held on a secure database in accordance with the Data Protection Act 1998. Further details can be found at: [www.firstcampus.org/privacy-policy](http://www.firstcampus.org.privacy-policy)  **By signing this form I confirm** that the information provided on this form is correct to the best of my knowledge and I consent for this information to be used:   1. To ensure that the appropriate support is in place for those participating in a First Campus activity 2. For tracking and monitoring purposes with regards to myself / my child’s educational journey up to the age of 25   By signing this form, I also agree to grant First Campus a non-exclusive license to use material created by myself / my child during the course of the project for educational and marketing purposes, and other non-commercial activities. | | | | | | | | | | |
| **Print Name** |  | **Relationship to child (place an X in the box)** | | | | | | | | |
|  |  | **Parent** |  | **Guardian** | |  | | **Carer** | |  |
| **Signature** |  | **Today’s Date** |  | | | | | | | |
| Does the child/participant have experience of being in the care system (e.g. foster care)? | | | | | **Yes** | |  | | **No** |  |

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| **Use of photographs and films and further communication** | | | | | |
| First Campus and/or third parties contracted by First Campus to deliver services may publish photographs and films, sometimes with the first names of participants undertaking activities on its website and on promotional material and social media accounts. | | | | | |
| Please place an **X** in the box if you **do not** wish your child’s photograph to be used. | | |  | | |
| Please place an **X** in the box , if you would prefer not to receive information from the First Campus Partnership by post or telephone. | | |  | | |
| If you would like to receive information about further First Campus activities by email, please provide your email address below. | | | | | |
|  | | | | | |
| **First in Family** (*this question is optional*) | | | | | |
| Have the parents or siblings (brothers or sisters) of the participant named above, studied at University? | **Yes** |  | | **No** |  |