

# Thorpe Park Consent Form

# 20th October 2023

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| **Name:**  |
| **Student ID Number:** |
| **Student Mobile Number:** |
| **Tutor Declaration**We will contact your tutor for their permission to allow you on this trip, this will depend on if you are up to date with work, performance and your attendance is of an acceptable level. If permission is not granted by a relevant member of staff we won’t be able to book you a space.**Please confirm with your tutor that they will allow you to attend before completing this form.** |
| Tutor Name: (Please Print): College Ext No: |
| By signing this form I declare that my tutor or relevant member of staff has granted me permission to attend this trip/event at the subsidised rate: …………………… ……………………(signed) (dated) |

 **Students’ Union event and trip Terms & Conditions**

* You may cancel your space 20 days before the event to receive a full refund.
* If you cancel your space up to 20 - 14 days before the event you will receive 50% of your payment.
* Cancelling your space within 14 days of the trip you will not receive a refund unless there is a significant reason for cancelling e.g. severe unplanned medical condition.
* All refunds are issued at the discretion of a member of Students’ Union staff.

Swapping of your place on an event is acceptable providing that a new consent/medical form is completed and that this is done no later than 14 days prior to the event. You will not be able to swap your place with any other student after this point, nor will you be able to get a refund for the place.

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| --- | --- |
| **Date of cancellation** | **Refund received** |
| + 28 days | Full refund |
| 14 - 28 days | 50% refund |
| 0 - 14 days | No refund |

Please select your pick up and drop off site:

Fulcrum North Road Lansdowne



**Consent and Medical**

**Declaration Form**

For medical issues, educational visits, volunteering, work experience, overnight stays, adventurous activities, TurnItIn submissions and use of photographic material.



To ensure our students are safe and enjoy their time at The College, we require certain information and consents. If you are under 18 on 1st September when you start the course, your parents or carer will need to provide consent for you.

**1. Student information**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_

Name of course:

**2. Emergency contact details**

Please provide the names and contact numbers of persons you want The College to contact in case of an emergency.

Primary contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Medical information**

3.1 Do you experience any conditions that require medical treatment and/or medication?

 Yes No If yes, please provide full details below:

3.2 Do you have any allergies?

 Yes No If yes, please provide full details below:

3.3 Do you have a disability?

 Yes No If yes, please provide full details below:

**4. Is there anything else about your health you would like us to know?**

 Yes No If yes, please provide full details below:

**5. Publicity and photographic images**

During the course of studies, photographs, videos, and other digital images may be taken of the student for academic and/or marketing purposes, including use on college website.

We consent that photographic material can be used for course/college publicity and marketing purposes and for the recording of assessments and course evidence. I agree to assign to the College any promotional rights and intellectual property rights for these images. We agree that The College may retain and use images for up to five years from the date of when the image is taken.

 Yes No

It is understood that consent can be withdrawn at any time by writing to The College Marketing department, and removal of consent will not affect any entitlement to remain registered and enrolled as a student of The College.

**6. Risk assessment and supervision**

All off site activities that are undertaken as part of the course and learning are subject to risk assessment; copies of the risk assessments are available on request from the group leader or curriculum manager. The College have set ratios of supervision that are followed at all times, the supervision and safeguarding of students is a core priority of The College and there are set procedures that staff must follow for all education based activities.

**7. Declaration**

Please sign and date below to confirm that consent is given for the student to take part in organised activities that are an integral part of the course and learning at The College. It is imperative that the student understands that for her or his safety and that of others in the group any rules and instructions given by staff are to be followed at all times.

The College is committed to equal of opportunity for all students and expects that everyone is treated with and shown respect regardless of their individual characteristics.

The information contained in this form will be used by The College to plan training and educational activities. Where required, the information will be disclosed internally and externally to ensure the student is safe. In signing this form: consent is given for participation of activities and receiving of medical treatment; and you agree to the use of personal data as set out in the College privacy notice found on our website, [www.thecollege.co.uk/privacy-notice](http://www.thecollege.co.uk/privacy-notice).

* I confirm that all the information provided is accurate to the best of my knowledge.
* I understand that if I do not let the College know about the student’s individual requirements The College may not be able to give the support and safeguarding control needed for learning.
* I will ensure that any change in circumstances will be notified to The College.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If student is under 18 years of age)