

**Student
Information &
Consent Forms
Pack**

Contents Page

- 1) Emergency contact details/Next of kin details
- 2) Trips and Offsite Activities Parent consent form Under 18s and student 18 and over
- 3) Image consent form Parent consent form Under 18s and student 18 and over
- 4) Health & Additional Support Disclosure
- 5) Notifying the college of an absence

EMERGENCY CONTACT DETAILS

All information will be treated in confidence

Student Name: _____

Course Code: _____

Mobile No: _____

Email: _____

Next of Kin Information / who should we contact in an emergency?

Name: _____

Relationship: _____
(E.g. Parent/Partner/Sister)

Mobile No: _____

Home No. _____

Work No: _____

Email: _____

Address: _____
(If different to student)

STUDENT TRIP CONSENT FORM FOR 18 and over 18 YEAR OLD STUDENTS

Name of Student: (Print) **Course Code:**

I understand that as I am over 18 the College needs my consent to take part in a variety of journeys/trips for education and social events throughout the academic year, outside of timetabled events and work experience.

I understand that it is important for my safety and for the safety of the group that any rules or instructions given by either college or work experience staff are obeyed.

I understand that while the College staff, helpers and work experience staff in charge of the party will take all reasonable care of me, the student, and unless they are negligent they cannot be held responsible for any loss, damage, or injury suffered by my self-arising during or outside of the journey, event, and work experience.

Please complete the following as appropriate. This information will be shared with the College staff, helpers and work experience staff.

- I have: no illness or physical disability
- the following illness or physical disability (*Please delete as appropriate*)

.....
.....
.....

which necessitates the following medical treatment

.....
.....

Please advise of any other information which you feel may be useful/important for the staff in charge to know; allergies, dietary issues, etc.

.....
.....

I consent to any emergency medical treatment necessary during the course of journey, event, and work experience by a qualified first aider or medical practitioner.

Emergency Contact 1

Emergency Contact 2

Name:
Relationship to Student:
Telephone No:

Name:
Relationship to Student:
Telephone No:

PARENT TRIP CONSENT FORM FOR UNDER 18 YEAR OLD STUDENTS

Name of Student: (Print) **Course Code:** **Group:**

I wish my son/daughter (named above) to be allowed to take part in journeys for education and social events throughout the academic year from September 2022 to July 2023 (inclusive)

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules or instructions given by either college or work experience staff are obeyed.

I understand that, while the College staff, helpers and work experience staff in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage, or injury suffered by my son/daughter arising during or outside of the journey, event, or work experience.

Please complete the following as appropriate. This information will be shared with the College staff, helpers and work experience staff.

My son/daughter has:

no illness or physical disability/the following illness or physical disability (*Please delete as appropriate*)

.....
.....

Which necessitates the following medical treatment

.....
.....

I consent to any emergency medical treatment necessary during the course of journey, event, and work experience by a qualified first aider.

Signature: Print Name:

Address:

Post code: Parent/Carer/Guardian (*Please delete as appropriate*)

Emergency Contact 1

Name:

Relationship to Student:

Telephone No:

Emergency Contact 2

Name:

Relationship to Student:

Telephone No:

Image consent form 18 and over students only

Form to be signed for in the case of photographs taken for publication and/or marketing purposes.

I, *(please print your name clearly)*

consent / do not consent (delete as applicable)

to my image appearing in the College's prospectuses, brochures, literature, local and national press and any other promotional material relating to Northbrook College and the wider college group including the world wide web and for the avoidance of doubt, agree to assign to Northbrook any intellectual property rights and to waive any moral or performing rights I may have or acquire by reason of my participation in such promotional material.

I understand that the College may retain and use my image for the purposes outlined during the period I am an enrolled student of Northbrook and for up to three years from the Expected Course Completion date stated on this form.

I understand that I can withdraw this consent at any time by writing to Northbrook College Marketing and Communications Manager and that such withdrawal of consent shall not affect any processing which has taken place and shall not affect my entitlement to remain registered and enrolled as a student of the College.

Signed: Date:

Name:

Image consent form under 18 year old to be signed by parent/carer and student

Form to be signed for in the case of photographs taken for publication and/or marketing purposes.

I, *(please print your name clearly)*

consent / do not consent (delete as applicable)

to my image appearing in the College's prospectuses, brochures, literature, local and national press and any other promotional material relating to Northbrook College including the world wide web and for the avoidance of doubt, agree to assign to Northbrook and the wider college group any intellectual property rights and to waive any moral or performing rights I may have or acquire by reason of my participation in such promotional material.

I understand that the College may retain and use my image for the purposes outlined during the period I am an enrolled student of Northbrook College and for up to three years from the Expected Course Completion date stated on this form.

I understand that I can withdraw this consent at any time by writing to Northbrook and the wider college group Marketing and Communications Manager and that such withdrawal of consent shall not affect any processing which has taken place and shall not affect my entitlement to remain registered and enrolled as a student of the College.

Parent Name: (Please print)

Parent Signature: Date:

Student Signature: Date:

In year Disclosure of Additional Support Information

Name of learner.....

Date of birth.....

Course enrolled on.....

Tutor.....

Nature of disclosure Disability

<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	Disability affecting mobility
<input type="checkbox"/>	Other physical disability
<input type="checkbox"/>	Emotional /behavioural difficulties
<input type="checkbox"/>	Mental ill health
<input type="checkbox"/>	Aspergers syndrome
<input type="checkbox"/>	Temporary disability after illness (for example post – viral)or accident
<input type="checkbox"/>	Profound complex difficulties
<input type="checkbox"/>	Multiple disabilities
<input type="checkbox"/>	Other please specify)

Learning difficulty

<input type="checkbox"/>	Moderate learning difficulties
<input type="checkbox"/>	Severe learning difficulties
<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Dyscalculia / dyspraxia
<input type="checkbox"/>	Other specific learning difficulties
<input type="checkbox"/>	Autism spectrum disorder
<input type="checkbox"/>	Multiple Learning difficulties
<input type="checkbox"/>	Other (please specify)

Allergies... Yes/No...

Details.....

Asthma/bronchitis... Yes/No

Details

Back problems/injury..... Yes/No

Details

Diabetes..... Yes/No Details.....

Epilepsy Yes/No

Details.....

Migraines Yes/No

Details.....

Do you receive support from other services such as CAMHS, Social Services etc? YES NO

Are you in care or a care leaver? YES NO

(If you have answered YES you may be eligible for the Under 19 Bursary award)

If you have answered **yes** to any of the above questions please give **full** details.

Would you like the Learning Support department to contact you to arrange an interview to assess your support needs? YES NO

Are you taking any long term medication?
YES/NO

Are you receiving any long-term treatment from your GP or at a hospital?
YES/NO

If you have any other conditions, medical or otherwise, that you wish us to be aware of please give full details.

Name of GP
Address
Post Code
Telephone

Disclosure Agreement

I understand that relevant information about my learning needs may be confidentially shared amongst internal and relevant College teaching staff and/or support staff only. The sharing of the information is to help the College make reasonable adjustments to aim to meet my learning needs.

Student signature

Tutor signature.....

Telephone number.....

Email address.....

Ways you can notify the College of your absence:

- Using the eNotify app
- Using the online form
- By text

To use the eNotify app

Go to your app store and search for eNotify by VLE



Register with your college email address [student number]@northbrookcollege.ac.uk e.g. 36547@northbrookcollege.ac.uk . Verify your account with the access code sent to your email and you're good to go!

Or via your web browser at the following: <http://enotifystudent.vlesupport.co.uk/>

For the student guide go to:

<https://www.gbmc.ac.uk/media/pdf/enotify-student-guide-1535.pdf>

How to use the text line

Text 07950 081224, starting your message with ABS.

In your message, you will need to include your name, date of birth, student ID, course and reason for absence. If your details are unclear or missing your absence will be recorded as unauthorised.