

ConsentForm

Revision Bootcamp - Newcastle
28 August 2018



Please complete and return this section:

To be completed by the student's parents, carer or legal guardian.

Student details

Please note the student's name and school in their Isaac Physics account must match the information given below.

First Name:

Surname:

Home postcode:

Name of school:

School

postcode:

Name and contact phone numbers/address of Parent/Carer/Guardian

Name:

Contact Number:

Name and contact phone numbers if the first contact is unavailable

Name:

Contact Number:

As the parent or guardian of the above named person I confirm/agree to the following (*please tick or delete as appropriate* *):

- ☐ that my ward may attend the Isaac Physics Newcastle Bootcamp,
- ☐ that Isaac Physics may keep a record of the student's name, date of birth, home postcode, and school for the purposes of project evaluation.
- ☐ *that we can take and use photographs and/or videos during the events to help us promote our activities.
- ☐ I confirm that my *son/daughter/ward does not have a medical condition that could result in unnecessary risk to his/her health and safety, or to the safety of another person.
- ☐ My *son/daughter/ward has the following medical condition(s) (completion of this will not affect the student's placement but merely ensure their safety).

Medical conditions:

Data Protection Act:

When you sign this declaration, you agree to the processing of your personal data and use of photographic and/or video images (as defined by the Data Protection Act 1988) by the University of Cambridge for publicity purposes in our printed or electronic based media. We confirm that the information we keep, the photographs we take and any comments we use will be confidential between you and us but we may occasionally provide such images and comments to bodies such as UCAS, the Department for Education, Higher Education Funding Councils, Educational charities, the press, and publications connected with promoting higher education to a wider range of potential students. I hereby give my permission as parent/guardian/carers of the above student for the Colleges to keep the personal data above and use and photographs/videos/comments for the purposes outlined above.

Signature (parent/guardian: _____ Printed Name: _____

Date signed: _____

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Please complete and return this section:

To be completed by the student and countersigned by their teacher / school representative.

DECLARATION TO BE SIGNED BY THE STUDENT:

I understand that the Bootcamp will include much intense activity. I will be expected to work hard all day.

I will cooperate with the Bootcamp tutors / leaders, and work to the best of my ability.

My name and school in my Isaac Physics account match the name and my school on this form.

SIGNATURE OF STUDENT:

_____ **DATE:** _____

☐ I confirm that this student has been eligible for one or more of free school meals, Pupil Premium, EMA and / or 16-19 bursary during secondary school.

Teacher countersignature: _____ Date: _____

Name of teacher: _____

School Role: _____

School Stamp (or attach official school letterhead):

Each student is responsible for returning their own consent form.

This must be returned within three weeks of registering for this Bootcamp.

Please return the parent/guardian consent and the student declaration forms to:

Sharon Gibbons
Cavendish Laboratory
19 JJ Thomson
Avenue Cambridge,
CB3 0HE

Good quality scans/photos may be emailed to: sharon@isaacphysics.org - please use the subject "Newcastle Bootcamp"