

Consent Form

Senior Physics Challenge (Virtual) 2020



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

Full Name of Student

Name:

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

Name:

Daytime Number:

Evening

Number:

Name and contact phone numbers if the first contact is unavailable

Name:

Daytime Number:

Evening Number:

As the parent or guardian of the above named student, I agree to the following (*please delete as appropriate* *):

1. that my ward may attend the senior physics challenge virtual summer school,
2. that the University may keep a record of the student's name, date of birth and school to help us monitor our activities.
3. * that we can take and use photographs and/or videos during the events to help us promote our activities.
4. that my son/daughter may use the household or other internet for about 4 hours/day 29 June - 2 July.
5. that my son/daughter/ward will be in contact with other physics students of the same age in order to work and learn together with them, and they will have contact with University of Cambridge teaching staff (DRB checked) as part of their on-line tuition.

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: _____ Printed Name: _____

Date signed: _____

Please return the parent/guardian consent form to:

Mr David Taylor, Cavendish Laboratory, University of Cambridge: david@isaacphysics.org

(return a mobile phone photo of signed print out, or fill out electronically and paste a signature into form)
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