



Details

Full Name (as on Isaac profile):

Home Postcode:

Gender:

School Name:

School Postcode:

Name and contact phone number of Parent/Carer/Guardian

Name:

Contact Number:

Name and contact phone number if the first contact is unavailable

Name:

Contact Number:

To be completed by parent/guardian:

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

- ☐ No previous member of our family has attended university
- ☐ My *son/daughter/ward may attend the Isaac Physics Residential Bootcamp
- ☐ Isaac Physics may keep a record of the student's name, date of birth, home postcode, and school to help in monitoring its activities
- ☐ Isaac Physics can take and use photographs and/or videos during the events to help us promote our activities

Either: (delete as applicable)

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 the named student's personal data and to the 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 photographs/videos/comments for the purposes outlined above.

Signature (parent/guardian): _____ Printed Name: _____

Date signed: _____



To be completed by 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: _____

To be completed by teacher:

I confirm that this student has / has not been eligible for one or more of free school meals, Pupil Premium, EMA and / or 16-19 bursary during secondary school (delete as applicable)

We would like to support all English State Schools to use Isaac Physics and will happily provide training for teachers so that they are confident to use Isaac in their classes. Please tick one of the following:

- ☐ I would be happy to be contacted by Isaac Physics; email address _____
- ☐ I would not like to be contacted by Isaac Physics

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.

Please return the Consent Form as soon as possible 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 "Manchester Bootcamp"

Deadline for return: 15 July 2019